

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089111

Entity Name: E.G. & J TRUCKING, L.L.C.

FILED  
Jun 21, 2006  
Secretary of State

**Current Principal Place of Business:**

213 BLUE CREEK DR.  
WINTER SPRINGS, FL 32708 US

**New Principal Place of Business:**

**Current Mailing Address:**

213 BLUE CREEK DR.  
WINTER SPRINGS, FL 32708 US

**New Mailing Address:**

FEI Number: 20-3451791      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WHITE, GRISELDA  
213 BLUE CREEK DR.  
WINTER SPRINGS, FL 32708 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WHITE, GRISELDA  
Address: 213 BLUE CREEK DR.  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: DE SA VIEIRA, JOSE G  
Address: 1120 CASTLEWOOD DRIVE #210  
City-St-Zip: CASSELBERRY, FL 32707 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GRISELDA WHITE

MGRM

06/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date