2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099275

Entity Name: BANDRHAULINGLLC

Address:

City-St-Zip:

NAVARRE, FL 32566

FILED Mar 14, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 210 HOSPITAL DRIVE NE FORT WALTON BEACH, FL 32548 **Current Mailing Address: New Mailing Address:** 210 HOSPITAL DRIVE NE FORT WALTON BEACH, FL 32548 FEI Number: 20-3599053 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHOENER, PAMELA R 210 HOSPITAL DRIVE FORT WALTON BEACH, FL 32548 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BONADONNA, GARY C Name: Name: Address: 694 N BEAL PKWY Address: City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: RATLIFF, GARY W Name: Address: 367 SHORE DRIVE Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SCHOENER, PAMELA R Name: Name: 1934 COSTA VERDE COURT

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.

Address:

City-St-Zip:

SIGNATURE: PAMELA ROWE SCHOENER **MGRM** 03/14/2007