


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 03, 2006 8:00 am**  
**Secretary of State**

08-03-2006 90072 032 \*\*\*\*50.00

DOCUMENT # L05000101080						
<b>1. Entity Name</b> PARKS TRACTOR SERVICE LLC						
<b>Principal Place of Business</b> 28 6TH STREET BUCKHEAD RIDGE OKEECHOBEE, FL 34974			<b>Mailing Address</b> P.O BOX 2275 OKEECHOBEE, FL 34973-2275			
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		07252006 Chg-LLC CR2E083 (11/05)		
<b>4. FEI Number</b> 263638788				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  PARKS, GARY 28 6TH STREET BUCKHEAD RIDGE OKEECHOBEE, FL 34974			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City			
FL			Zip Code			
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARKS, GARY 28 6TH STREET BUCKHEAD RIDGE OKEECHOBEE, FL 34974		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARKS, RICHARD A 8035 S.E. 60TH DRIVE OKEECHOBEE, FL 34974		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.</b>						
<b>SIGNATURE:</b> _____				7-28-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		
				Daytime Phone #		