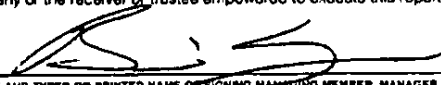


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-08-2006 90043 041 ****50.00

DOCUMENT # L05000102409 1. Entity Name KERRIGAN TRUCKING LLC					
Principal Place of Business 384 ADAIR STREET PORT CHARLOTTE, FL 33954			Mailing Address 384 ADAIR STREET PORT CHARLOTTE, FL 33954		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-2535552 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				02042006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent KERRIGAN, BRIAN 384 ADAIR STREET PORT CHARLOTTE, FL 33954			7. Name and Address of New Registered Agent - Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KERRIGAN, BRIAN 384 ADAIR STREET PORT CHARLOTTE, FL 33954	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAINGER, BRANDI 384 ADAIR STREET PORT CHARLOTTE, FL 33954	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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.			SIGNATURE:  02/10/06 441/815/2115 Date Daytime Phone		