

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105724

FILED  
Jul 05, 2006  
Secretary of State

Entity Name: AEBI EXPRESS TRUCKING, LLC

**Current Principal Place of Business:**

30941 BACLAN DRIVE  
ZEPHYRHILLS, FL 33544

**New Principal Place of Business:**

**Current Mailing Address:**

30941 BACLAN DRIVE  
ZEPHYRHILLS, FL 33544

**New Mailing Address:**

FEI Number: 20-3705404      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

AEBI, MICHAEL  
30941 BACLAN DRIVE  
ZEPHYRHILLS, FL 33544      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: MGR      ( ) Delete  
Name: AEBI, MICHAEL  
Address: 30941 BACLAN DRIVE  
City-St-Zip: ZEPHYRHILLS, FL 33544

Title: MGR      ( ) Delete  
Name: AEBI, STEPHANIE  
Address: 30941 BACLAN DRIVE  
City-St-Zip: ZEPHYRHILLS, FL 33544

**ADDITIONS/CHANGES:**

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

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

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: MICHAEL AEBI

MGR

07/05/2006

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