

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121132

Entity Name: REEVES TRUCKING, LLC

FILED
Aug 01, 2006
Secretary of State

Current Principal Place of Business:

5621 SUN POINTE DRIVE
FT. PIERCE, FL 34951

New Principal Place of Business:

Current Mailing Address:

5621 SUN POINTE DRIVE
FT. PIERCE, FL 34951

New Mailing Address:

FEI Number: 20-3964776 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:

REEVES, GREG
5621 SUN POINTE DRIVE
FT. PIERCE, FL 34951 US

Name and Address of New Registered Agent:

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: REEVES, GREG
Address: 5621 SUN POINTE DRIVE
City-St-Zip: FT. PIERCE, FL 34951

Title: MGRM () Delete
Name: REEVES, DERRICK G
Address: 2339 CUMMINGS FERRY
City-St-Zip: VERSAILLES, KY 40383

Title: MGRM () Delete
Name: REEVES, DEWEY G
Address: 2339 CUMMINGS FERRY
City-St-Zip: VERSAILLES, KY 40383

ADDITIONS/CHANGES:

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

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: GREG REEVES

MGR

08/01/2006

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