

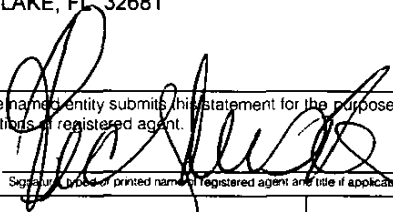
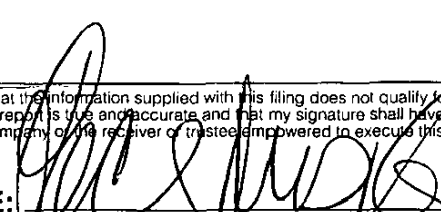


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90033 001 ***138.75

DOCUMENT # L06000016329					
1. Entity Name MUCKHAULERS LLC					
Principal Place of Business 6800 NW 193 STREET ORANGE LAKE, FL 32681			Mailing Address PO BOX 420 ORANGE LAKE, FL 32681		
2. Principal Place of Business - No P.O. Box # 14216 N US Hwy 27		3. Mailing Address 14216 N US Hwy 27		60029600 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242008 Chg-LLC CR2E083 (12/06)	
City & State Ocala, FL		City & State Ocala, FL		4. FEI Number 20-4303580	
Zip: 34482 Country: USA		Zip: 34482 Country: USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS RAY, BECKY 6800 NW 193 STREET ORANGE LAKE, FL 32681			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			14216 N US Hwy 27		
			City: Ocala State: FL Zip Code: 34482		
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: 			DATE: 4/24/08		
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JMRZ MANAGEMENT, INC. PO BOX 420 ORANGE LAKE, FL 32681				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR SEQUEL HOLDINGS LIMITED PARTNERSHIP PO BOX 420 ORANGE LAKE, FL 32681				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14216 N US Hwy 27 Ocala, FL 34482				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14216 N US Hwy 27 Ocala, FL 34482				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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: 			DATE: 4/24/08 (352) 620-9006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

ATTACHMENT

60029600
~~#~~ L060000/6329

2nd year the online
filing would not accept
"MGRM" or "MGR" in
title field... only on
this company out of the
7 that we have...