2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# L06000029531

Entity Name: GRANT GRESSMAN TRACTOR WORK, LLC.

Current Principal Place of Business:

45142 GRESSMAN DAIRY RD.
CALLAHAN, FL 32011

New Principal Place of Business:

Current Mailing Address:

45142 GRESSMAN DAIRY RD.
CALLAHAN, FL 32011

New Mailing Address:

P.O. BOX 1293
CALLAHAN, FL 32011

FEI Number: 16-1754336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRESSMAN, GRANT A
45142 GRESSMAN DAIRY RD.
CALLAHAN, FL 32011 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: GRESSMAN, GRANT A
Address: 45142 GRESSMAN DAIRY RD.
City-St-Zip: CALLAHAN, FL 32011

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: GRESSMAN, CHARLES L
Address: 45142 GRESSMAN DAIRY RD.
City-St-Zip: CALLAHAN, FL 32011

Title: MGRM ( ) Change (X) Addition
Name: GRESSMAN, LINDA J
Address: 45142 GRESSMAN DAIRY RD.
City-St-Zip: CALLAHAN, FL 32011

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: GRANT A. GRESSMAN MGR 01/09/2007

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