
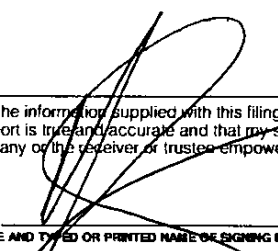


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90041 004 ****50.00

DOCUMENT # L06000032675 1. Entity Name M & M TRUCKS LLC																													
Principal Place of Business 11497 COLUMBIA PARK DRIVE WEST, #1 JACKSONVILLE, FL 32258			Mailing Address 11497 COLUMBIA PARK DRIVE WEST, #1 JACKSONVILLE, FL 32258																										
2. Principal Place of Business - No P.O. Box # 10365 Hood Road South Suite, Apt. #, etc. Unit 205 City & State Jacksonville, Florida Zip 32257 Country USA		3. Mailing Address 10365 Hood Road South Suite, Apt. #, etc. Unit 205 City & State Jacksonville, Florida Zip 32257 Country USA		04232007 Chg-LLC CR2E083 (12/06)																									
4. FEI Number 20-4586845				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145																									
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																									
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">MGR</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SOLANO, MOISES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11497 COLUMBIA PARK DRIVE WEST, #1</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32258</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	SOLANO, MOISES		STREET ADDRESS	11497 COLUMBIA PARK DRIVE WEST, #1		CITY-ST-ZIP	JACKSONVILLE, FL 32258		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">10365 Hood Road South Unit 205</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Jacksonville, Florida 32257</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	10365 Hood Road South Unit 205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Jacksonville, Florida 32257		STREET ADDRESS			CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete																											
NAME	SOLANO, MOISES																												
STREET ADDRESS	11497 COLUMBIA PARK DRIVE WEST, #1																												
CITY-ST-ZIP	JACKSONVILLE, FL 32258																												
TITLE	10365 Hood Road South Unit 205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME	Jacksonville, Florida 32257																												
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">ST</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SOLANO, MOISES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11497 COLUMBIA PARK DRIVE WEST, #1</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32258</td> <td></td> </tr> </table>			TITLE	ST	<input type="checkbox"/> Delete	NAME	SOLANO, MOISES		STREET ADDRESS	11497 COLUMBIA PARK DRIVE WEST, #1		CITY-ST-ZIP	JACKSONVILLE, FL 32258		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">10365 Hood Road S Unit 205</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Jacksonville, FL 32257</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	10365 Hood Road S Unit 205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Jacksonville, FL 32257		STREET ADDRESS			CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete																											
NAME	SOLANO, MOISES																												
STREET ADDRESS	11497 COLUMBIA PARK DRIVE WEST, #1																												
CITY-ST-ZIP	JACKSONVILLE, FL 32258																												
TITLE	10365 Hood Road S Unit 205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME	Jacksonville, FL 32257																												
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">MGRM</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Michael A Bagdonas</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10365 Hood Road S Unit 205</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Jacksonville, FL 32257</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Michael A Bagdonas		STREET ADDRESS	10365 Hood Road S Unit 205		CITY-ST-ZIP	Jacksonville, FL 32257		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">MGRM</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Michael A Bagdonas</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10365 Hood Road S Unit 205</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Jacksonville, FL 32257</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Michael A Bagdonas		STREET ADDRESS	10365 Hood Road S Unit 205		CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																											
NAME	Michael A Bagdonas																												
STREET ADDRESS	10365 Hood Road S Unit 205																												
CITY-ST-ZIP	Jacksonville, FL 32257																												
TITLE	MGRM	<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME	Michael A Bagdonas																												
STREET ADDRESS	10365 Hood Road S Unit 205																												
CITY-ST-ZIP	Jacksonville, FL 32257																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">MGRM</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Michael A Bagdonas</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10365 Hood Road S Unit 205</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Jacksonville, FL 32257</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Michael A Bagdonas		STREET ADDRESS	10365 Hood Road S Unit 205		CITY-ST-ZIP	Jacksonville, FL 32257		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">MGRM</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Michael A Bagdonas</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10365 Hood Road S Unit 205</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Jacksonville, FL 32257</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Michael A Bagdonas		STREET ADDRESS	10365 Hood Road S Unit 205		CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	MGRM	<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME	Michael A Bagdonas																												
STREET ADDRESS	10365 Hood Road S Unit 205																												
CITY-ST-ZIP	Jacksonville, FL 32257																												
TITLE	MGRM	<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME	Michael A Bagdonas																												
STREET ADDRESS	10365 Hood Road S Unit 205																												
CITY-ST-ZIP	Jacksonville, FL 32257																												
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:  Michael A Bagdonas 4-25-07 9046104508 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													