


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90172 006 ****50.00

DOCUMENT # L06000047083	
1. Entity Name PBK TRUCKING, LLC	

Principal Place of Business 527 WATERWAY VILLAGE CT GREENACRES FL 33413 US	Mailing Address 527 WATERWAY VILLAGE CT GREENACRES FL 33413 US
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2. Principal Place of Business - No P.O. Box # 902 Island Shores Dr.	3. Mailing Address 902 Island Shores Dr.
Suite, Apt. #, etc. 902	Suite, Apt. #, etc. 902

1st MOORE CR2E083 (10/06)

City & State GREEN ACRES, FL.	City & State GREEN ACRES, FL.
Zip 33413	Country PALM BEACH

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KELCHNER, PAUL III 527 WATERWAY VILLAGE CT GREENACRES FL 33413	
7. Name and Address of New Registered Agent Name PBC 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 *Paul B. Kelchner III* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELCHNER, PAUL III 527 WATERWAY VILLAGE CT GREENACRES FL 33413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Paul B. Kelchner III* 4-27-07 954-914-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #