

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000092278 1. Entity Name MURRAY EDWARDS TRUCKING LLC	
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Principal Place of Business 166 OAK SQUARE SOUTH LAKELAND, FL 33813	Mailing Address 166 OAK SQUARE SOUTH LAKELAND, FL 33813
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DO NOT WRITE IN THIS SPACE



02262008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5580111	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

EDWARDS, MURRAY  
 166 OAK SQUARE SOUTH  
 LAKELAND FLORIDA, FL 33813

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDWARDS, MURRAY 166 OAK SQUARE SOUTH LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDWARDS, PATRICIA S 166 OAK SQUARE SOUTH LAKELAND, FL 33813
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000000921480  
05/15/08-80008-012 138.75

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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:  4/21/08 863-858-6253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

PATRICIA S. EDWARDS