

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102134

**FILED**  
**Apr 19, 2007**  
**Secretary of State**

**Entity Name:** FAMILY AFFAIR TRUCKING LLC

**Current Principal Place of Business:**

1200 BRETТА ST  
21  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

1200 BRETТА ST  
21  
JACKSONVILLE, FL 32211

**New Mailing Address:**

**FEI Number:** 20-5537323

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADAMS-TRIPP, CHAKAI N OWNER  
1200 BRETТА ST  
21  
JACKSONVILLE, FL 32211 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: ADAMS-TRIPP, CHAKAI N  
Address: 1200 BRETТА ST  
City-St-Zip: JACKSONVILLE, FL 32211

Title: MGR (X) Delete  
Name: TRIPP, GARY L JR.  
Address: 1200 BRETТА ST.  
City-St-Zip: JACKSONVILLE, FL 32211

**ADDITIONS/CHANGES:**

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

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

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:** CHAKAI ADAMS-TRIPP

MGR

04/19/2007

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