

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000091533

**FILED**  
**Dec 19, 2009**  
**Secretary of State****Entity Name:** J & DW TRUCKING, L.L.C**Current Principal Place of Business:**1633 FARM WAY  
STE 504  
MIDDLEBURG, FL 32068**New Principal Place of Business:****Current Mailing Address:**1633 FARM WAY  
STE 504  
MIDDLEBURG, FL 32068**New Mailing Address:****FEI Number:** 26-0855055**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**WINTER, DAVID P  
12627 SAN JOSE BLVD  
304  
JACKSONVILLE, FL 32223 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:** WINTER, DAVID P  
**Address:** 1633 FARM WAY - STE 504  
**City-St-Zip:** MIDDLEBURG, FL 32068**Title:** MGR ( ) Delete  
**Name:** JENKINS, WILLIAM JR  
**Address:** 1633 FARM WAY - STE 504  
**City-St-Zip:** MIDDLEBURG, FL 32068**ADDITIONS/CHANGES:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** TREA (X) Change ( ) Addition  
**Name:** PRICE, GUY  
**Address:** 1633 FARM WAY-STE 504  
**City-St-Zip:** MIDDLEBURG, FL 32068

I hereby certify that the information supplied with this filing does not qualify 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: DAVID P WINTER

MGR

12/19/2009

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