
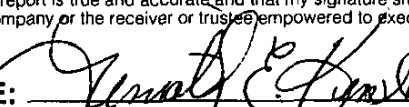


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90033 036 \*\*\*138.75

DOCUMENT # L07000113089					
<b>1. Entity Name</b> CON-TEK CARRIERS, LLC					
<b>Principal Place of Business</b> 7101 WEST ANTHONY ROAD, LOT 54 OCALA, FL 34479			<b>Mailing Address</b> 7101 WEST ANTHONY ROAD, LOT 54 OCALA, FL 34479		
<b>2. Principal Place of Business - No P.O. Box #</b> 6175 NE 60TH ST		<b>3. Mailing Address</b> PO Box 5237			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> SILVER SPRINGS FL		<b>City &amp; State</b> OCALA FL		<b>4. FEI Number</b> 26-1365987	
<b>Zip</b> 34488		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____			
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> <b>CONVERSE, CHAD M</b> 7101 WEST ANTHONY ROAD, LOT 54 OCALA, FL 34479	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> <b>CONVERSE, CHAD M</b> 6175 NE 60TH ST SILVER SPRINGS FL 34488	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> <b>KENSLER, TIMOTHY E</b> 7101 WEST ANTHONY ROAD, LOT 54 OCALA, FL 34479	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> <b>KENSLER, TIMOTHY E</b> 6175 NE 60TH ST SILVER SPRINGS FL 34488	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> <b>CONVERSE, CARA C</b> 7101 WEST ANTHONY ROAD, LOT 54 OCALA, FL 34479	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> <b>CONVERSE, CARA C</b> 6175 NE 60TH ST SILVER SPRINGS FL 34488	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> <b>KENSLER, LAURIE J</b> 7101 WEST ANTHONY ROAD, LOT 54 OCALA, FL 34479	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> <b>KENSLER, LAURIE J</b> 6175 NE 60TH ST SILVER SPRINGS FL 34488	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> 			<b>Timothy E. Kensler</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 4-24-08 Daytime Phone #: 800-727-0671		