2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 15, 2006 08:00 AM Secretary of State DOCUMENT # M0000001809 1. Enlity Name J&R TRUCK AND TRAILER LLC Mailing Address Principal Place of Business 4501-12TH STREET **4501-12TH STREET** KENOSHA WI 53144 KENOSHA WI 53144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E083 (10/05) Applied For 4. FEI Number City & State City & State 39-1972349 Not Applicable Country Zio Country Zic \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FISCHER, DAVID Street Address (P.O. Box Number is Not Acceptable) 13019 DELWOOD ROAD **TAMPA FL 33624** City Zip Cade 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 agen-(NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE PTNR ☐ Defete TITLE [] Change Addition NAME NAME KISLIA, JAMES UDDDDDD434384 STREET ADDRESS 4501-12TH STREET STREET ADDRESS 02/24/06-80064-005 50.00 CISY-ST-ZIP CUTY-ST-ZIP KENOSHA WI 53144 ☐ Delete 71727 Change Addition TISLE PTNR NGME NAME KISLIA, ROXANNE STREET ADDRESS STREET ADDRESS 4501-12TH STREET CITY-ST-ZIP CITY-ST-ZIP KENOSHA WI 53144 ☐ Delete FIFLE [] Change Addition | TITLE NAME MAKAS STREET ADDRESS STREET ADDRESS UTY-S1-2# C17Y-S7-Z1P ☐ Chance ☐ Addition 7/11/7 Detete THE MAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP TITY - ST-IP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ERP Change Addition | TATLE Delete MLE NAME NAME STRLET ADDRESS STREET ADDRESS CATY - ST-ZIP CRY-ST-289

11. I hereby certify that the information supplied with this filling 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.

FILED

7/06 262-552269