


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 24, 2005 8:00 am
Secretary of State

05-24-2005 90132 026 ****50.00

DOCUMENT # M01000001309	
1. Entity Name SELECTRUCKS OF AMERICA LLC	

Principal Place of Business 2701 NW VAUGHN ST., STE. 776 PORTLAND OR 97210	Mailing Address 2701 NW VAUGHN ST., STE. 776 PORTLAND OR 97210
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2. Principal Place of Business	3. Mailing Address P.O. Box 157
Suite, Apt. #, etc.	Suite, Apt. #, etc. CPC ACCOUNTING
City & State	City & State SOUTH SAINT PAUL, MN
Zip	Country USA
Country	Zip 55075

1st MOORE CR2E083 (10/04)



6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code	

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREIGHTLINER MARKET DEVELOPMENT CORP 2701 NW VAUGHN ST., STE. 776 PORTLAND OR 97210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Cynthia Verde / PCMA Cynthia Verde 5/13/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #