


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M03000000466</b> 1. Entity Name RWI TRANSPORTATION LLC	
--	---

Principal Place of Business 2 PLUM STREET WILDER, KY 41076	Mailing Address 2 PLUM STREET WILDER, KY 41076
--	--

**DO NOT WRITE IN THIS SPACE**



02132006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 76-0720082	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	--

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2006**

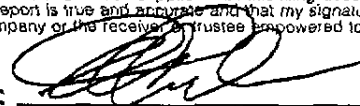
**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SCHULER, WILLIAM M 2 PLUM STREET WILDER, KY 41076
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR FISTER, CHRISTOPHER L 2 PLUM STREET WILDER, KY 41076
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CASTELLINI, ROBERT H 2 PLUM STREET WILDER, KY 41076
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

UN0000439764  
03/02/06-ENN14-004 50.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**  William Schuler 2/14/2006 859-442-4650  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #