


**'2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # M03000000466 1. Entity Name RWI TRANSPORTATION LLC	
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Principal Place of Business 2 PLUM STREET WILDER, KY 41076	Mailing Address 2 PLUM STREET WILDER, KY 41076
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DO NOT WRITE IN THIS SPACE



01122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 76-0720082	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

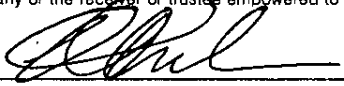
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000786962
01/17/08-80062-021 138.75

**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 M. Schuler** **1/14/08** **(859)442-4650**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #