2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M07000003436

1. Entity Name
CAROLINA TRAILER CENTER, LLC

Principal Place of Business	Mailing Address
104 AIRPORT INDUSTRIAL DR., SUITE 102 CLAYTON, NC 27520	104 AIRPORT INDUSTRIAL DR., SUITE 102 CLAYTON, NC 27520

DO NOT WRITE IN THIS SPACE

01232008No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-8944509
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

05/01/08-80027-010 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	STEPHENS, RONNIE
STREET ADDRESS	104 AIRPORT INDUSTRIAL DR., SUITE 102
CITY-ST-ZIP	CLAYTON, NC 27520
TITLE	MGRM
NAME	VANPRAET, ROGER
STREET ADDRESS	104 AIRPORT INDUSTRIAL DR., SUITE 102
CITY-ST-ZIP	CLAYTON, NC 27520
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: R. Van Pra 2/12/08 919-934-8911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #