

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008627

FILED  
Apr 07, 2006  
Secretary of State

Entity Name: TIFFANY TRANSPORTATION SERVICES, L.C.

**Current Principal Place of Business:**

2199 PONCE DE LEON BLVD  
SUITE 301  
MIAMI, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2199 PONCE DE LEON BLVD  
SUITE 301  
MIAMI, FL 33134

**New Mailing Address:**

FEI Number: 65-1107182      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEWART AGENT SERVICE  
2199 PONCE DE LEON BLVD  
SUITE 301  
MIAMI, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: AVERSA, JOSEPH  
Address: 5900 N.W. 97 AVE SUITE 6  
City-St-Zip: MIAMI, FL 33178

Title: MGRM ( ) Delete  
Name: AVERSA, LINDA  
Address: 5900 N.W. 97 AVE SUITE 6  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH F AVERSA

MR

04/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date