


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000063698 1. Entity Name CITY TRANSPORTATION GROUP, LLC	
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Principal Place of Business 3700 GEORGIA AVENUE SUITE 18 WEST PALM BEACH FL 33405	Mailing Address 3700 GEORGIA AVENUE SUITE 18 WEST PALM BEACH FL 33405
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2. Principal Place of Business - No P.O. Box # 3700 GEORGIA AVE Suite, Apt. #, etc. SUITE 18	3. Mailing Address 3700 GEORGIA AVE Suite, Apt. #, etc. SUITE 18
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1st MOORE CR2E083 (10/06)

City & State WEST PALM BEACH FL	City & State W. P. B. FLORIDA		
Zip 33405	Country USA	Zip 33405	Country USA

4. FEI Number 73-1731618	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent ETIENNE, JULIENNE 10382 OLD WINSTON CT. WEST PALM BEACH FL 33467	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM PAUL, JEAN C 10879 PASO FINO DR. WEST PALM BEACH FL 33467	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000605887 01/30/07-80047-019 55.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM PIERRE, JEAN J 1505 CRESCENT CIR WEST PALM BEACH FL 33403	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Pierre J Jean 01-18-07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #