


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90020 020 \*\*\*\*50.00

**DOCUMENT # L05000108898**


1. Entity Name  
**SIXKILLER TRANSPORT LLC**



Principal Place of Business <b>190 HICKORY WOODS CT. 1D          DELTONA, FL 32725 US</b>	Mailing Address <b>190 HICKORY WOODS CT. 1D          DELTONA, FL 32725 US</b>
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2. Principal Place of Business <b>928 W. French Ave</b>	3. Mailing Address <b>928 French Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Orange City, FL</b>	City & State <b>Orange City, FL</b>
Zip <b>32763</b>	Country <b>Volusia</b>
Zip <b>32763</b>	Country <b>Volusia</b>



04092006 Chg-LLC CR2E083 (11/05)

4. FEI Number	Applied For <input checked="" type="checkbox"/> 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 <b>COLEY, CARL          190 HICKORY WOODS CT. 1D          DELTONA, FL 32725</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>928 W. French Ave.</b>	
City <b>Orange City</b>	FL Zip Code <b>32763</b>

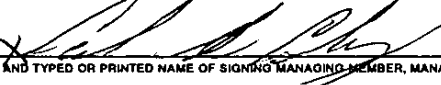
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00          Due by May 1, 2006</b>	<b>Make check payable to          Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	NAME COLE, ELIZABETH D <input type="checkbox"/> Delete	TITLE	Coley, Elizabeth D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 190 HICKORY WOODS CT. 1D	CITY-ST-ZIP DELTONA, FL 32725	STREET ADDRESS 928 W. French Ave.	CITY-ST-ZIP Orange City, FL 32763
TITLE MGRM	NAME COLEY, CARL <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 190 HICKORY WOODS CT. 1D	CITY-ST-ZIP DELTONA, FL 32725	STREET ADDRESS 928 W. French Ave.	CITY-ST-ZIP Orange City, FL 32763
TITLE	NAME <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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:** 

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