


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State


04-18-2008 90152 049 ***138.75

DOCUMENT # L07000082866 1. Entity Name HUNOVA TRANS, LLC	
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Principal Place of Business 424 E CENTRAL BLVD # 106 ORLANDO, FL 32801 US	Mailing Address 424 E CENTRAL BLVD # 106 ORLANDO, FL 32801 US
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2. Principal Place of Business - No P.O. Box # 2015 S TUTTLE AVE Suite, Apt. #, etc.	3. Mailing Address 2015 S TUTTLE AVE Suite, Apt. #, etc.
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City & State SARASOTA FL	City & State SARASOTA FL		
Zip 34239	Country USA	Zip 34239	Country USA



01222008	Chg-LLC	CR2E083 (12/06)	
4. FEI Number 98-0546313			Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required

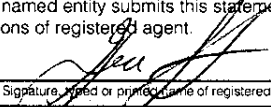
6. Name and Address of Current Registered Agent

SZAFRICS, IMRE
 424 E CENTRAL BLVD
 # 106
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name: **Imworld Services, Inc**
 Street Address (P.O. Box Number is Not Acceptable):
424 E Central Blvd # 106
 City: **Orlando** FL Zip Code: **32801**

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:  **Imre Szafrics** DATE: **1/22/2008**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JAKAB, ATTILA	
STREET ADDRESS	GARDONYI UTCA 17	
CITY-ST-ZIP	NAPKOR, HU 4552	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JAKAB, TIBOR	
STREET ADDRESS	DOZSA GYORGY UTCA 106	
CITY-ST-ZIP	NYIRTELEK, HU 4461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Jelcs Attila ATTILA JAKAB 2008 03.26

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: _____ Daytime Phone #: _____