
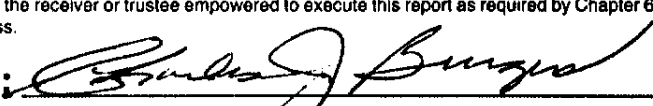


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortlam</b> Secretary of State DIVISION OF CORPORATIONS	FILED  97 FEB 21 AM 10:58  SECRETARY OF STATE TALLAHASSEE, FLORIDA
<b>FILING FEE \$ 203.75</b>		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company  <b>TRANSPORT MANAGEMENT ASSOCIATES, L.C.</b> 210 NORTH 32ND AVENUE HOLLYWOOD FL 33021		<b>DOCUMENT # 195000000985</b>  1a. Principal Place of Business Address  210 NORTH 32ND AVENUE HOLLYWOOD FL 33021	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2a. Mailing Address Suite, Apt. #, etc.  City & State  Zip Country		3. Date Organized or Qualified 2/20/1995  5. Date of Last Report 03/26/1996	
7. Name and Address of Current Registered Agent  CRIGER, ROBERT S 1428 BRICKELL AVENUE 6TH FLOOR MIAMI FL 33131		8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BURGESS, CHARLES J	210 NORTH 32ND AVE.	HOLLYWOOD FL
			700002096867--6 -02/25/97--01096--002 ****203.75 ****203.75  JB2-21-97
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or attachment with an address.			
<b>SIGNATURE:</b> 		Date: 2/17/97 (305)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			
INHSE10 R(12-96) <b>Charles J. Burgess</b>			