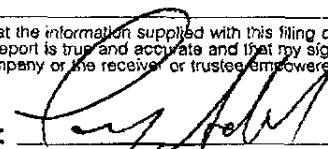


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000003871		
1. Entity Name BOND LOGISTIX LLC		
Principal Place of Business 777 S FIGUEROA ST, STE 3200 LOS ANGELES, CA 90017	Mailing Address 777 S FIGUEROA ST, STE 3200 LOS ANGELES, CA 90017	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHIRLS, RICHARD 1209 ORANGE ST WILMINGTON, DE 19801	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SOBEL, LARRY 1209 ORANGE ST WILMINGTON, DE 19801	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVIS, ROGER 1209 ORANGE ST WILMINGTON, DE 19801	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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 603, Florida Statutes.		
SIGNATURE:  LARRY O. SOBEL		Date 4/18/06 Daytime Phone # (213) 612-2421



03142006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 51-0404065	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

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05/04/06-80057-007 50.00