

M99000000036

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
04 MAR 30 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Entity Name
Transit Group Transportation, LLC
Suite 650, 7680 Universal Drive
Orlando, FL 32819



DO NOT WRITE IN THIS SPACE

Handwritten initials

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7680 Universal Drive Suite, Apt. #, etc. 650		3. Mailing Address 7680 Universal Drive Suite, Apt. #, etc. 650		4. FEI Number 58-2426696	Applied For Not Applicable
City & State Orlando, FL	City & State Orlando, FL	City & State Orlando, FL	City & State Orlando, FL	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32819	Country USA	Zip 32819	Country USA		

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Leon County

City
Tallahassee

FL Zip Code
32301

8. The above named entry 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.

**Cynthia L. Harris
as its agent**

SIGNATURE *Cynthia L. Harris* 3/31/04

**FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	James G. Salmon, Manager 7680 Universal Drive, Suite 650 Orlando, FL 32819	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Priority America, Inc., Member 7680 Universal Drive, Suite 650 Orlando, FL 32819	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700031706967
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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11. I 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 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: *JG Salmon* 3/26/04

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

CR2E083B (12/02)



CORPORATION SERVICE COMPANY NY

M99000000036

ACCOUNT NO. : 072100000032

REFERENCE : 533280 5021731

AUTHORIZATION :

Patricia Pijoto

COST LIMIT : \$ 50.00

ORDER DATE : March 30, 2004

ORDER TIME : 2:04 PM

ORDER NO. : 533280-015

CUSTOMER NO: 5021731

BK

CUSTOMER: Ms. Mary S. Barnett
Womble, Carlyle Sandridge &
Suite 3500
1201 W. Peachtree Street
Atlanta, GA 30309

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TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: TRANSIT GROUP TRANSPORTATION,
LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman-EXT#2908

EXAMINER'S INITIALS: _____