


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**

**08 JUN -2 AM 10:07**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



<b>DOCUMENT # A96000001219</b>			
1. Entity Name <b>SUNBELT TRANSPORT REFRIGERATION, LTD.</b>			
Principal Place of Business <b>5635 EAST POWHATTAN AVENUE TAMPA, FL 33610</b>		Mailing Address <b>5635 EAST POWHATTAN AVENUE TAMPA, FL 33610</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>9501 PRINCESS PALM AVE.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>SUITE 101</b>	
City & State		City & State <b>TAMPA, FL</b>	
Zip	Country	Zip	Country
<b>33619</b>		<b>33619</b>	<b>USA</b>

04282008 Chg-LP CR2E003 (12/06)

4. FEI Number **59-3387139** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GUICE, MATT 5635 EAST POWHATTAN AVENUE TAMPA, FL 33610</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code <b>FL</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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>F96000003308</b>	STREET ADDRESS	<b>500128038905</b>
NAME	<b>BRUCEMAC, INC.</b>	CITY-ST-ZIP	<b>05/01/08--01031--002 **500.00</b>
STREET ADDRESS	<b>500 DANIEL PAYNE DRIVE</b>		
CITY-ST-ZIP	<b>BIRMINGHAM, AL 35214</b>		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *Kevin Bruce Macosmas* **KEVIN BRUCE MACOSMAS** 4/29/08 404-427-7170  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE