


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000004957</b> 1. Entity Name <b>TRANSPORTATION INSURANCE MANAGEMENT &amp; SERVICES, LLC</b>	
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Principal Place of Business <b>99 N. ATLANTIC AVE. COCOA BEACH, FL 32931</b>	Mailing Address <b>99 N. ATLANTIC AVE. COCOA BEACH, FL 32931</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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03142005No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>59-3648350</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>WILLIAMS, ROBERT 99 N. ATLANTIC AVENUE COCOA BEACH, FL 32931</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STAZZONE, JOSEPH 99 NORTH ATLANTIC AVE COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, ROBERT 99 NORTH ATLANTIC AVE COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ONARO, JAMES 116 JOHN ROBERT THOMAS DR. EXTON, PA 19341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<p>U000000290919 04/07/05-80008-018 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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)(l), 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.
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<b>SIGNATURE:</b>  <b>3/28/05</b>	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		