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Jul 28, 2004 8:00 am
Secretary of State

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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000012105

1. Entity Name
GREATER BIRMINGHAM TRANSPORTATION SERVICES, L.L.C.

34009558

Principal Place of Business	Mailing Address
2316-B FIRST AVE SOUTH BIRMINGHAM, AL 35233	C/O GOLD, RESNICK & FICARROTTA, P.A. 704 W. BAY ST. TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE

01052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3684796

Applied For
Not Applicable

5. Certificate of Status Desired $5.00 Additional Fee Required

6. **Name and Address of Current Registered Agent**

GOLD, AARON J
704 W. BAY ST.
TAMPA, FL 33606

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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________________________________ ____________
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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	Managing MEMBER
NAME	NAC Little Rock
STREET ADDRESS	2939 Elysiam Way
CITY-ST-ZIP	Clearwater, FL 33759
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	~~MEM~~ Managing Member
NAME	MGZ BIRMINGHAM, INC.
STREET ADDRESS	3601 N. PROSPECT DR.
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	MGRM Address Change
NAME	ALABAMA, INC.
STREET ADDRESS	~~1223 KINGSBRIDGE RD.~~ 2034 Eagle Valley drive
CITY-ST-ZIP	~~HOUSTON, TX 77073~~ Birmingham, AL 35242

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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: Michael Farris Michael Farris 7-15-04 328-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #