

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 03, 2005 8:00 am
Secretary of State

08-03-2005 90020 043 ****50.00

DOCUMENT # L00000012105 1. Entity Name GREATER BIRMINGHAM TRANSPORTATION SERVICES, L.L.C.					
Principal Place of Business 2316-B FIRST AVE SOUTH BIRMINGHAM, AL 35233			Mailing Address C/O GOLD, RESNICK & FICARROTTA, P.A. 704 W. BAY ST. TAMPA, FL 33606		
2. Principal Place of Business 5804 OCEAN BLVD. MIAMI BEACH, FL 33139			3. Mailing Address 5804 OCEAN BLVD. MIAMI BEACH, FL 33139		
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		07012005 Chg-LLC CR2E083 (10/03)	
City & State BIRMINGHAM AL		City & State 		4. FEI Number 59-3684796	
Zip 35210		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ZILBER, MARTIN 73 W. FLAGLER STREET, RM 800 MIAMI, FL 33130 LLC			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NAC LITTLE ROCK 2939 ELYSIAM WAY CLEARWATER, FL 33759	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MGZ BIRMINGHAM, INC. 73 W. FLAGLER STREET, RM 800 MIAMI, FL 33130	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALABAMA, INC. 2034 EAGLE VALLEY DRIVE BIRMINGHAM, AL 35242	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>James F. Byrne</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		
			Date 7/24/05 Daytime Phone # 205-323-9367		