2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANL
FILED

04 MAY 18 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1902

DOCUMENT # L01000002682

1. Entity Name
COMTRANS L.L.C.

Principal Place of Business	Mailing Address
1333 N. DUVAL ST. TALLAHASSEE, FL 32303	1333 N. DUVAL ST. TALLAHASSEE, FL 32303

05112004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
X Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC.
1333 DUVAL STREET
TALLAHASSEE, FL 32302

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

100036562941

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STAR GROUP FINANCE AND HOLDINGS, INC.
STREET ADDRESS	EAST BUILDING NO. 34/20 SUITE 302
CITY-ST-ZIP	PANAMA CITY 5, PANAMA,
TITLE	MGRM
NAME	WORLDFUND, INC.
STREET ADDRESS	EAST BUILDING NO. 34/20 SUITE 302
CITY-ST-ZIP	PANAMA CITY 5, PANAMA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 5/17/04 302-421-5757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

2052

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 05-18-04

NAME: com trans, llc

TYPE OF FILING: 2004 UBR

COST: $50

RETURN:

RECEIVED
04 MAY 18 PM 2:58
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE Abbie Hodge