LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Aug 14, 2002 8:00 am Secretary of State

DOCUMENT # L01000008520						08-14-2002 90031 001 ***100.00		
1. Entity Name US TRANS LC								
		-			1			
1141	eserra den Parasantan		ente, promer mor que tit de la compansión	Taganta - Fr 25-1700				
13:72								
	DO N	OT WRITE	IN THIS SI	PACE			98316	
2. Principal F	ness 20 N Market str.	3. Mailing Address 12:	20 N Marke	t str.	1	•		
Suite, Apt. #, etc. Ste 606		Suite, Apt. #. etc. Ste 606		DO NOT WRITE IN THIS SPACE				
City & State Wilmington.		Wilmington, DE	City & State Wilmington, DE		4. FEI Number	Applied For		
Zip	19801	Country	Zip 19801	Country	US	5. Certificate of Status Desire	Not Applicable \$5.00 Additional	
				g (** - 3n		7. Name and Address of Curre		
		O NOT WE	DITE	Name	Fl	_ORIDA FILING & S	EARCH SERVICES, INC.	
		O NOT WI	and the second s	Street /	Address (P.O. Box Number is Not Accepta	able)	
		N THIS SPA	ACE		.,		1333 N. DUVAL ST.	
				City	TA	LLAHASSEE	FL Zip Code 32303	
8. The above	named entit	y submits this statement for t	he purpose of changing its	registered office of		red agent, or both, in the State of		
		e. Tek oka jili Tiranga basa sa sa sa sa sa sa				a suggi galanna a sa	an Constant	
SIGNATURE	Signature, typed	or printed name of registered agent and	title if applicable.				DATE	
		,	14-24-11-2-2-11-2-2-1 3-6-3-3-3-3-3-13-6-11	EE IS \$50.00	and L			
	1	Company of the State State	Make Check Pa	LLESSEE CERTIFICAL ACLIENTIF	ment o	f State		
9.		MANACING MEMBER	10.043 MAR (2.49 MAR)	UE BY MAY 1	eric grant with		V W W	
TITLE		MANAGING MEMBER - manager		TITLE.				
NAME		INVESTMENT GROUP, S E BLDG NO 34/20, CUE		NAME				
STREET ADDRESS CITY-ST-ZIP		CITY 5, PANAMA	A AVE & 34"	STREET ADDRESS CITY-ST-ZIP				
TITLE	Member	– manager		TITLE AND THE	List (
NAME	STAR GR	OUP FIÑANCE & HOLDI		NAME **				
STREET ADDRESS CITY-ST-ZIP		E BLDG NO 34/20, CUE CITY 5, PANAMA	SA AVE & 34""	STREET ADDRESS				
TITLE				TITLE				
NAME				NAME		Taken paying refor	a sold the transfer the state of	
STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS CITY ST ZIP		DO NOT	WRITE	
TITLE				True - Fire	ign to the			
NAME				NAME	193	IN THIS	SPACE	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	100			
TITLE				TITLE	A Sw			
NAME]			NAME				
STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS				
TITLE		over a set ever		TITLE	3. 30 h		TELLER SERVICES CONTROL OF THE	
NAME				NAME				
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS				
11 . Thereby o	certify that the	e information supplied with the	is filing does not qualify for	the exemption sta	ted in Se	ction 119.07(3)(i). Florida Statute	es. I further certify that the information	
indicatéd Iimited lia	l on this repoi ibility compai	rt is true and accurate and th ny or the receiver or trustee e	at my sighature shall have t mpowered to execute this	the same legal effe report as required	ct as if m by Chapt	lade under oath; that I am a mai er 608, Florida Statutes.	naging member or manager of the	