

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-03-2005 90030 024 ****55.00

DOCUMENT # L01000010462					
1. Entity Name L.O. TRANSPORTATION LLC					
Principal Place of Business 1411 HARNESS HORSE LN APT. 201 BRANDON, FL 33511			Mailing Address 1411 HARNESS HORSE LN APT. 201 BRANDON, FL 33511		
2. Principal Place of Business 11842 Autumn Creek Drive		3. Mailing Address 11842 Autumn Creek Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232005 Chg-LLC CR2E083 (10/03)	
City & State River view FL		City & State River view FL		4. FEI Number 65-1123618	
Zip 33569		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GERSTEIN & GERSTEIN ATTORNEYS, P.A. 700 S. FEDERAL HWY SUITE 200 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 resigning) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME OTERO, LUIS ARLES STREET ADDRESS 4040 SW 145TH AVE. CITY-ST-ZIP MIRAMAR, FL 33027	<input type="checkbox"/> Delete		TITLE MGRM NAME FERREROSA, Pablo Emilio STREET ADDRESS 11842 Autumn Creek Dr CITY-ST-ZIP River view FL 33569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME FERREROSA, PABLO EMILIO STREET ADDRESS 1411 HARNESS HORSE LN CITY-ST-ZIP BRANDON, FL 33511	<input type="checkbox"/> Delete		TITLE MGRM NAME FERREROSA, PABLO EMILIO STREET ADDRESS 11842 Autumn Creek Dr CITY-ST-ZIP River view FL 33569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:			01-23-05 (813) 214-2162		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		