

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019470

FILED
Apr 26, 2005
Secretary of State

Entity Name: DEDICATED TRANSPORTATION SERVICE, LLC

Current Principal Place of Business:

1504 E. BAKER STREET
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4102
PLANT CITY, FL 33563

New Mailing Address:

1504 E. BAKER STREET
PLANT CITY, FL 33563

FEI Number: 59-3758953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILLIMAN, DIANNE
P.O. BOX 4102
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

SILLIMAN, DIANNE
1504 E. BAKER STREET
PLANT CITY, FL 33563 US

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.

SIGNATURE: _____

04/26/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SILLIMAN, DIANNE
Address: P.O. BOX 4102
City-St-Zip: PLANT CITY, FL 33563

Title: MGRM () Delete
Name: CHARLES, SILLIMAN
Address: P.O. BOX 4102
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SILLIMAN, DIANNE
Address: 1504 E. BAKER STREET
City-St-Zip: PLANT CITY, FL 33563

Title: MGRM (X) Change () Addition
Name: CHARLES, SILLIMAN
Address: 1504 E. BAKER STREET
City-St-Zip: PLANT CITY, FL 33563

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DIANNE SILLIMAN

MS

04/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date