

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000019978

**FILED**  
**Feb 28, 2006**  
**Secretary of State**

**Entity Name:** BROOKLINE TRANSPORTATION, LLC

**Current Principal Place of Business:**

ONE COMPASS RD.  
FT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

ONE COMPASS RD.  
FT LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** 65-1153263

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WELCH, DAVID D ESQ.  
2401 E. ATLANTIC BLVD., STE. 400  
POMPANO BEACH, FL 33062 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** ANDLEEN TRANSPORTATI, ON , INC.  
**Address:** ONE COMPASS ROAD  
**City-St-Zip:** FORT LAUDERDALE, FL 33308

**Title:** MGRM ( ) Delete  
**Name:** J&A TRANSPORTATION I, NC.  
**Address:** ONE COMPASS ROAD  
**City-St-Zip:** FORT LAUDERDALE, FL 33308

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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:** ANDREW BROOKS

PRES

02/28/2006

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