


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000021965 1. Entity Name DEP TRANSPORT, L.L.C.	
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Principal Place of Business 425 EAST MCEWEN DRIVE OSPREY, FL 34229	Mailing Address PO BOX 3319 SARASOTA, FL 34230
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DO NOT WRITE IN THIS SPACE



07122004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 65-1159736	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FAMIGLIO, GEORGE V JR CPA
1634 MAIN ST.
SARASOTA, FL 34236

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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by September 8, 2004**

U00000170450
08/20/04-80001-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POTTS, DIANE E 425 EAST MCEWEN DRIVE OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALTA, MARK T 425 EAST MCEWEN DRIVE OSPREY, FL 34229
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Diane E. Potts 8-16-04 9419660720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #