

2002 **LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90167 030 ****50.00

DOCUMENT # L02000000224

1. Entity Name
TRANSPORTER, LLC

DO NOT WRITE IN THIS SPACE

B0049571

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3033 Riviera Drive Suite, Apt. #, etc. Suite 201 City & State Naples, Florida Zip 34103 Country USA		3. Mailing Address 3033 Riviera Drive Suite, Apt. #, etc. Suite 201 City & State Naples, Florida Zip 34103 Country USA		4. FEI Number 04-3598433 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	David G. Budd
Street Address (P.O. Box Number is Not Acceptable)	3033 Riviera Drive Suite 201
City	Naples FL Zip Code 34103

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1	DATE
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9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Operating Manager/Treasurer Sheldon W. Starman 4099 Tamiami Trail North, Suite 400 Naples, Florida 34103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Operating Manager/Secretary David G. Budd 3033 Riviera Drive, Suite 201 Naples, Florida 34103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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: David G. Budd 3/12/02 (941) 263-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)