2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000000224

1. Entity Name
TRANSPORTER, LLC

Principal Place of Business	Mailing Address
3033 RIVIERA DRIVE STE 201 NAPLES, FL 34103	3033 RIVIERA DRIVE STE 201 NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

02252005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number 04-3598433	Applied For
	Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BUDD, DAVID G
3033 RIVIERA DR., STE. 201
NAPLES, FL 34103

DO NOT WRITE 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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRT
NAME	STARMAN, SHELDON W
STREET ADDRESS	4099 TAMIAMI TRAIL NORTH STE 400
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	MGRS
NAME	BUDD, DAVID G
STREET ADDRESS	3033 RIVIERA DRIVE STE 201
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

H00000250390
03/04/05-80009-003 55.00

DO NOT WRITE 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: _David H Budd_   2/28/05   (239) 263-7700

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

DAVID G. BUDD, ASSISTANT OPERATING MANAGER