

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90199 038 ****55.00

20013213



DOCUMENT # L02000000224 1. Entity Name TRANSPORTER, LLC			
Principal Place of Business 3033 RIVIERA DRIVE STE 201 NAPLES, FL 34103		Mailing Address 3033 RIVIERA DRIVE STE 201 NAPLES, FL 34103	
2. Principal Place of Business c/o David G. Budd <small>Suite, Apt. #, etc.</small> 3033 Riviera Drive, #201		3. Mailing Address c/o David G. Budd <small>Suite, Apt. #, etc.</small> 3033 Riviera Drive, #201	
<small>City & State</small> Naples, Florida		<small>City & State</small> Naples, Florida	
<small>Zip</small> 34103	<small>Country</small> USA	<small>Zip</small> 34103	<small>Country</small> USA
4. FEI Number 02272006		Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BUDD, DAVID G 3033 RIVIERA DR., STE. 201 NAPLES, FL 34103		7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>	
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>(NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	MGRT STARMAN, SHELDON W 4099 TAMiami TRAIL NORTH STE 400 NAPLES, FL 34103	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	MGRS BUDD, DAVID G 3033 RIVIERA DRIVE STE 201 NAPLES, FL 34103	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>David G. Budd</i>		2/27/06 (239) 263-7700	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> DAVID G. BUDD, ASSISTANT OPERATING MANAGER			