2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000000224

1. Entity Name
TRANSPORTER, LLC

FILED Apr 30, 2008 08:00 AN Secretary of State

Principal Place of Business

5551 RIDGEWOOD DR STE 501 NAPLES, FL 34108 Mailing Address

C/O DAVID G. BUDD 5551 RIDGEWOOD DR STE 501 NAPLES, FL 34108



04252008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number			Applied For
	04-3598433			Not Applicable
5.	Certificate of Status Desired	MZ	\$5.00	Additional

6. Name and Address of Current Registered Agent

BUDD, DAVID G 5551 RIDGEWOOD DR STE 501 NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little if applicable.	(NOTE Registered Agent agnature required when reinstating)	DATE
	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75		U00000937396 05/27/08-80048-018 143 75
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRT STARMAN, SHELDON W 4099 TAMIAMI TRAIL NORTH STE 400 NAPLES, FL 34103		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS BUDD, DAVID G 5551 RIDGEWOOD DR STE 501 NAPLES, FL 34108		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP		•	*.
TITLE NAME STREET ADDRESS CITY_ST_ZIP			· .

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.