2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000012461

1. Entity Name
TRANSPARTS INDUSTRIES, L.L.C.

Principal Place of Business	Mailing Address
1400 NE 125TH ST. MIAMI, FL 33161	4140 MONTALVO DRIVE PENSACOLA, FL 32504

DO NOT WRITE IN THIS SPACE

07012004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
01-0703381	Not Applicable

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

6. Name and Address of Current Registered Agent

LANDA, DAVID
4140 MONTALVO DRIVE
PENSACOLA, FL 32504

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 September 8, 2004
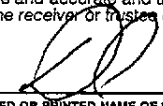
U000000163913
07/07/04-80023-012 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	LANDA, DAVID
STREET ADDRESS	4140 MONTALVO DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32504
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 LANDA   7/1/04   251-368-7777

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