

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90279 007 ****50.00

| | | | | | |
|--|--|--|---|---|------------------------------|
| DOCUMENT # L02000016197 | | | | | |
| 1. Entity Name PS TRANSPORTATION, LLC | | | | | |
| Principal Place of Business 1000 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062 | | | Mailing Address 1000 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 02052004 Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number NOT APPLICABLE | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired | | | | <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| HUMPHRIES, J. GREGORY 300 SOUTH ORANGE AVE., SUITE 1000 ORLANDO, FL 32801 | | | Name Corporation Company of Orlando | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 300 S. Orange Ave., Suite 1000 (JGH) | | |
| | | | City Orlando | | Zip Code FL 32801 |
| 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 <i>J. Gregory Humphries</i> | | J. Gregory Humphries, Vice President | | DATE 3-31-04 | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PHIL SMITH MANAGEMENT, INC 1000 N. FEDERAL HWY POMPANO BEACH, FL 33062 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS SMITH, PHILIP P 1000 N. FEDERAL HWY POMPANO BEACH, FL 33062 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DAYHOFF, MICHAEL R 1000 N. FEDERAL HWY POMPANO BEACH, FL 33062 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP, AS, T, CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LUTTER, JON F 1000 N. FEDERAL HWY POMPANO BEACH, FL 33062 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <i>Michael R. Dayhoff</i> | | Michael R. DAYHOFF | | Date 3/16/04 | Daytime Phone # 954-867-1234 |