

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90057 023 ****50.00

DOCUMENT # L02000023204					
1. Entity Name SUNSTATE TRANSPORTATION L.L.C.					
Principal Place of Business RT17 BOX 2027 LAKE CITY, FL 32055 US			Mailing Address PO BOX 1925 LAKE CITY, FL 32056 US		
2. Principal Place of Business 1812 NW Main Blvd			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Lake City, Florida			City & State		
Zip 32055			Country		
4. FEI Number 32-0029582			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent BUCHNER, RONALD T 635 NW RODEO CT LAKE CITY, FL 32055			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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:				DATE: 4-24-06	
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)				Filing Fee is \$50.00 Due by May 1, 2006	
Make check payable to Florida Department of State				9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCHNER, RONALD T PO BOX 1925 LAKE CITY, FL 32056	<input type="checkbox"/> Delete	10. ADDITIONS / CHANGES	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCHNER, BRIAN D PO BOX 1925 LAKE CITY, FL 32056	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Manager Tanya Buchner 5049 N.W. Cassie Black St. White Springs, FL. 32096	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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:				DATE: 4-24-06	
Signature, type or print name of signing managing member, manager, or authorized representative				Daytime Phone #: 888-752-9754	