


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000035122 1. Entity Name ADVANCED TRANSIT O&M SERVICES LLC	
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Principal Place of Business 5489 RIVER TRAIL ROAD NORTH JACKSONVILLE, FL 32277 US	Mailing Address 5489 RIVER TRAIL ROAD NORTH JACKSONVILLE, FL 32277 US
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01252004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-2010315	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

**SHOWALTER, WILLIAM P SR.
5489 RIVER TRAIL ROAD NORTH
JACKSONVILLE, FL 32277**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000000013619
01/29/04-80032-019 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PR SHOWALTER, WILLIAM P 5489 RIVER TRAIL ROAD NORTH JACKSONVILLE, FL 32277
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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:  **1/26/04** **904-868-9564**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #