

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90042 018 \*\*\*\*50.00

<b>DOCUMENT # L03000000748</b> 1. Entity Name <b>ONE MAIN TRANSPORTATION, LLC</b>					
Principal Place of Business <b>125 ANDOVER E CENTURY VILLAGE WEST PALM BEACH, FL 33417</b>			Mailing Address <b>125 ANDOVER E CENTURY VILLAGE WEST PALM BEACH, FL 33417</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
5. Name and Address of Current Registered Agent  <b>HILLIAN, JOHN A 125 ANDOVER E CENTURY VILLAGE WEST PALM BEACH, FL 33417</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reissuing)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HILLIAN, JOHN A 125 ANDOVER E, CENTURY VILLAGE WEST PALM BEACH, FL 33417</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE: <i>John A Hillian</i> J A HILLIAN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>April 20/04 (561) 529-7365</b> <small>Date Daytime Phone #</small>		

*(Single Member LLC)*



04162004 Chg-LLC CR2E083 (10/03)