## 2005 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

**DOCUMENT # L03000000748** ONE MAIN TRANSPORTATION, LLC



Principal Place of Business

125 ANDOVER E CENTURY VILLAGE

WEST PALM BEACH, FL 33417

Mailing Address

125 ANDOVER E CENTURY VILLAGE

WEST PALM BEACH, FL 33417

## **FILED** Apr 30, 2005 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

04262005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE

Applied Far Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HILLIAN, JOHN A 125 ANDOVER E **CENTURY VILLAGE** WEST PALM BEACH, FL 33417

DO	NOT	WRITE
IN	THIS	SPACE

8. The above the obligat	e named entity submits this statement for the purpose of cha- tions of registered agent.	nging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
F	iling Fee is \$50.00 tue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		Est.	
TITLE NAME STREET AODRESS CITY-ST-ZIP	MGRM HILLIAN, JOHN A 125 ANDOVER E, CENTURY VILLAGE WEST PALM BEACH, FL 33417		Noonaga	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000349968 05/02/05-80086-015 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE			••	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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:

STREET ADDRESS CITY-SY-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE