


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90006 004 \*\*\*\*55.00

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| DOCUMENT # L03000018512  |   |  |   |                                  |  |
| <b>1. Entity Name</b><br>PINELLAS TRANSPORTATION, LLC  |   |  |   |   |  |
| <b>Principal Place of Business</b><br>3700 FIFTH AVENUE NORTH<br>ST. PETERSBURG, FL 33713  |   |  | <b>Mailing Address</b><br>3700 FIFTH AVENUE NORTH<br>ST. PETERSBURG, FL 33713 |   |  |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b><br>5408 St James Drive         |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                                      |   |   |  |
| City & State   |   | City & State<br>New Port Richey FL                       |   | <b>4. FEI Number</b><br>57-1178512  |  |
| Zip  |   | Country  |   | <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 341652   |   | USA  |   | 04192004 Chg-LLC CR2E083 (10/03)  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>RUSIECKI, MAREK<br>3700 FIFTH AVENUE NORTH<br>ST. PETERSBURG, FL 33713   |   |  | <b>7. Name and Address of New Registered Agent</b>                            |   |  |
|  |   |  | Name <u>Kelly Drew</u>  |   |  |
|  |   |  | Street Address (P.O. Box Number is Not Acceptable)                            |   |  |
|  |   |  | 5408 St James Drive   |   |  |
|  |   |  | City <u>New Port Richey</u> FL Zip Code <u>341652</u>                         |   |  |
| <b>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.</b>   |   |  |   |   |  |
| SIGNATURE <u>Kelly L Drew, Accountant</u> DATE <u>4-19-04</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>RUSIECKI, MAREK<br>3700 FIFTH AVENUE NORTH<br>ST. PETERSBURG, FL 33713 | <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>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: <u>Marek Rusiecki</u> DATE <u>4-21-04</u> DAYTIME PHONE # <u>727-328-0263</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |  |   |   |  |