2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000019256

1. Entity Name

LYNN'S TRANSPORT, LLC



Principal Place of Business

4256 GREEN POCKET LANE ORLANDO, FL 32839 Mailing Address

4256 GREEN POCKET LANE ORLANDO, FL 32839 FILED Mar 07, 2007 08:00 AM Secretary of State



03052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
11-3691181	. [Not Applicable
E. Contiferate of Ctatus Desired	\$5.00	0 Additional

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER

SMITH, TERESA LYNN 4256 GREEN POCKET LANE ORLANDO, FL 32839

the obligations of registered agent.

SIGNATURE.

SIGNATURE:

DO	NOT	WRITE
IN .	THIS	SPACE

F.	ling Fee is \$50.00 ue by May 1, 2007	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, TERESA 4256 GREEN POCKET LANE ORLANDO, FL 32839	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELL, LEON 4256 GREEN POCKET LANE ORLANDO, FL 32839	U00000658238 03/15/07-80030-023 50.00
TITLE NAME STREFT ADDRESS CITY-ST-ZIP	,	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		

11. I nereby 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.

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