## 2007 LIMITED LIABILITY COMPANY

SIGNATURE:

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

## **FILED** ate

Daytime Phone #

| ANNUAL REPORT  |   |  |   | Jul 31, 2007 08:00   |   |
|--|---|--|---|--|---|
| 1. Entity Nam  | MENT # L030000<br>RANSPORTATION, LLC  | 19870  |   |  | Secretary of Sta  |
| Principal Place of Business Mailing Address  18 SEABREEZE PLACE P.O. BOX 4878 PANAMA CITY BEACH, FL 32413 SANTA ROSA BEACH, FL 324 |   |  | 59  |  |   |
| DO NOT WRITE IN THIS SPAC  |   |  | .CE   | 07052007 No Chg-LLC  4. FEI Number 86-1064610  5. Certificate of Status Desired                          | CR2E083 (11/05)  Applied For Not Applicable  \$5.00 Additional Fee Required |
|  | 6. Name and Address of Curr<br>JOHN T<br>BLIN PARKWAY<br>LTON BEACH, FL 32548   | ent Registered Agent   | DO NOT WRITE<br>IN THIS SPACE   |  |   |
| the obligat  | named entity submits this statementions of registered agent.  Signature, typed or protod name of registered a ling Fee is \$50.00 by September 14, 2007 | It for the purpose of changing its register that the purpose of changing its register that the purpose of changing its register that the purpose of changing its register than the purpose of changing | ed Agent signature required   |  | orida. 1 am familiar with, and accept                                       |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MANAGING MEI<br>CEO<br>FINCH, JOHN W CEO<br>18 SEABREEZE PLACE<br>PANAMA CITY BEACH, FL 3   | MBERS/MANAGERS   | _   | U0000<br>07/31/07  | 0770887<br>7-80005-004 50.00  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  |   |  |   | DO NOT WRITE<br>IN THIS SPACE  |   |
| GITY-ST-ZIP  TITLE  NAME STREET ADDRESS CHY-ST-ZIP  BITLE  NAME  |   | No. 2  |   |  |   |
| STREET ADDRESS CHY-ST-ZIP  11. I hereby indicated limited lia  | certify that the information supplied<br>on this report is true and accurate<br>billity company on the seceiver of the                                  | with this filing does not qualify for the cand that my signature shall have the sistee empowered to execute this repor-  | exemptions containe<br>ame legal effect as it<br>t as required by Cha | d in Chapter 119, Florida Statutes,<br>f made under oath; that I am a mar<br>pter 608, Florida Statutes. | further certify that the information<br>aging member or manager of the      |