2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L03000040521



FILED Apr 29, 2004 8:00 am Secretary of State

MANU, FL 33136 2. Principal Place of Business Suite, Apl. ft, ofc. 2. Suite, Apl. ft, ofc. 3. Making Address Suite, Apl. ft, ofc. 4. FEI Number 275 - 4.0 - 80.36 Applied For Applied	1. Entity Name INNOVATIVE TRANSPORTATION STRATEGIES, L.L.C.							04-29-2004	1 90070 C	11 ****5	50.00	
Suite, Apt. 4, etc. Suite, Apt. 4, etc. D4142004 Chg.LLC CR2E083 (10/03)	1390 SOUTH	DIXIE HIGHWAY, SUITE	1203	1390 SOUTH DIXIE HIGHWAY, SUITE 1203								
City & State Ci	Principal Place of Business Address Address											
Top Country Zip Country Sip Country S. Certification of Status Designed Control Country S. Certification of Status Designed Country S. Certification of Co	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			04142004	Chg-LLC	CR2E0	33 (10/03)		
6. Mame and Address of Current Registered Agent 7. Name and Address of Status Designed Face Required Name OLLE, DENNIS J ESQ, 2001 SOUTH BAYSHORE DRIVE, SUITE 1600 MIAMI, FL 33133 City FL Zip Code	City & State			City & State			4. FEI Numb	er 75-40-60	30			
Name	Zip	Country		Zip Coun		itry	Fee Required					
Signer Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Addres	s of Current F	legistered Agent								
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. It am familiar with, and accept the obligations of registered agent. Signature	2601 SOUTH BAYSHORE DRIVE, SUITE 1600					Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. It am familiar with, and accept the obligations of registered agent. Signature						Cit				T 7in Cod		
SIGNATURE Filling Fee is \$50.00 Make check payable to Fordid Department of State Policy May 1, 2004 Polic												
Filling Fee is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE SPILLMAN, JOHN T SHEET ADDRESS CITY-ST-2P TITLE MAME SIRECT ADDRESS CITY-ST-2P TITLE TITLE TITLE MAME SIRECT ADDRESS CITY-ST-2P TITLE												
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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				•	- 4	l l						
Indicated on this report is true and accurate and that my signature shall have the same lead effect as if made under outh, that I am a managing member or manager of the		certify that the information	supplied with	this filing does not qualify to			Section 119.07(3	(i), Florida Statutes.	I further cert	ify that the ir	nformation or of the	