


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90126 027 \*\*\*138.75

<b>DOCUMENT # L03000048094</b>		
1. Entity Name FEDERAL TRANSPORTATION PROPERTY, LLC		

Principal Place of Business 2300 SOUTH DOCK ST. PALMETTO, FL 34221	Mailing Address 2300 SOUTH DOCK ST. PALMETTO, FL 34221
--	--

2. Principal Place of Business - No P.O. Box # <b>2300 SOUTH DOCK ST.</b>	3. Mailing Address <b>2300 SOUTH DOCK ST.</b>
Suite, Apt. #, etc. <b>STE 105</b>	Suite, Apt. #, etc. <b>STE 105</b>
City & State <b>PALMETTO, FL</b>	City & State <b>PALMETTO, FL</b>
Zip <b>34221</b>	Country <b>US</b>

**60003098**



01142008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-0432161</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  RIGGS, STANLEY A 2300 SOUTH DOCK ST PALMETTO, FL 34221	7. Name and Address of New Registered Agent Name <b>STANLEY A. RIGGS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2300 SOUTH DOCK ST., STE 105</b> City <b>PALMETTO</b> FL Zip Code <b>34221</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.

SIGNATURE *[Signature]* DATE **1-17-08**

Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIGGS, STANLEY A 2300 SOUTH DOCK ST. PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STANLEY A. RIGGS 2300 SOUTH DOCK ST., STE 105 PALMETTO, FL 34221 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby 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.

SIGNATURE: *[Signature]* DATE **1-17-08**

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