


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90438 001 ***100.00

DOCUMENT # L04000010026 1. Entity Name JACKSONVILLE METRO TRANSPORTATION, LLC	
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Principal Place of Business 1301 RIVERPLACE BLVD., SUITE 2601 JACKSONVILLE, FL 32207	Mailing Address 1301 RIVERPLACE BLVD., SUITE 2601 JACKSONVILLE, FL 32207
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30002883



2. Principal Place of Business 16991 US 19 North Suite, Apt. #, etc.	3. Mailing Address 16991 US 19 North Suite, Apt. #, etc.
City & State Clearwater, FL	City & State Clearwater, FL
Zip 33764	Country USA

01102005 Chg-LLC CR2E083 (10/03)

4. FEI Number 57-1198985	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HARDEN, PAUL M 1301 RIVERPLACE BLVD., SUITE 2601 JACKSONVILLE, FL 32207	7. Name and Address of New Registered Agent Name Thomas Gahan Street Address (P.O. Box Number is Not Acceptable) 16991 US 19 North City Clearwater FL Zip Code 33764
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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  Thomas Gahan 3/24/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YELLOW CAB SERVICE CORPORATION OF FLA, INC 1301 RIVERPLACE BLVD., SUITE 2601 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16991 US 19 North Clearwater, FL 33764
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
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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 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.

SIGNATURE  Cullian F. Meathe 3/25/05
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #