


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AE)**

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90103 025 ****55.00

DOCUMENT # L04000015167		
1. Entity Name TROLLEY SYSTEMS OF AMERICA, LLC		

Principal Place of Business 3714 ALLENWOOD STREET SARASOTA FL 34232-1204	Mailing Address 3714 ALLENWOOD STREET SARASOTA FL 34232-1204
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60055776

2. Principal Place of Business - No P.O. Box # 2618 Espanola Ave. Suite, Apt. #, etc.	3. Mailing Address PO Box 5718 Suite, Apt. #, etc.
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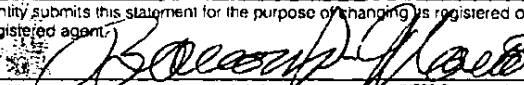
2nd MOORE CR2E083 (4/07)

City & State Sarasota FL	City & State Sarasota FL	4. FEI Number 20-2653434	Applied For Not Applicable
Zip 34239	Country USA	Zip 34277	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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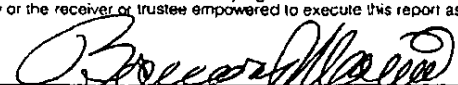
6. Name and Address of Current Registered Agent MORIN, BARRON P 3714 ALLENWOOD STREET SARASOTA FL 34232-1204	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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:  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)		DATE
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORIN, BARRON P 3714 ALLENWOOD STREET SARASOTA FL 34232-1204 <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	MGR ANGEMI, RONALD 5790 ITHACA WAY SARASOTA FL 34238 <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
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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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Signature Change
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