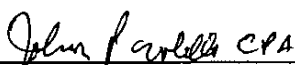


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 22, 2006 8:00 am
Secretary of State

05-17-2006 90090 002 ****55.00

DOCUMENT # L04000026067 1. Entity Name TRANSPORTATION STATION LLC					
Principal Place of Business 3196 SR 580 UNIT H OLDSMAR FL 34677 US			Mailing Address 3196 SR 580 UNIT H OLDSMAR FL 34677 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 05-0605416	
5. Certificate of Status Desired ☒				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, KEITH R 3691 SR 580 SUITE H OLDSMAR FL 34677			7. Name and Address of New Registered Agent Name Scott Alessi Street Address (P.O. Box Number is Not Acceptable) 159 Bayside DR. City Clearwater Beach FL Zip Code 33767		
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  DATE 05-01-06					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, KEITH R 3691 SR 580 OLDSMAR FL 31677	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALESSI, SCOTT 1723 ASHTON ABBEY CLEARWATER FL 33755	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  JOHN PROCTOR 6/16/06 7274109756 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					