
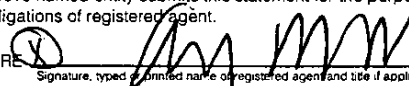



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90046 037 ****55.00

DOCUMENT # L04000036405 <small>1. Entity Name</small> PODS TRANSPORTATION, LLC					
Principal Place of Business 5585 RIO VISTA DRIVE CLEARWATER, FL 33760			Mailing Address 5585 RIO VISTA DRIVE CLEARWATER, FL 33760		
2. Principal Place of Business		3. Mailing Address			
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>			
<small>City & State</small>		<small>City & State</small>			
<small>Zip</small>	<small>Country</small>	<small>Zip</small>	<small>Country</small>	4. FEI Number 20-1122052	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required <small>Applied For</small> <small>Not Applicable</small>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WARHURST, PETER S 5585 RIO VISTA DRIVE CLEARWATER, FL 33760			<small>Name</small> Aaron B. Parker <small>Street Address (P.O. Box Number is Not Acceptable)</small> 5585 Rio Vista Drive <small>City</small> Clearwater <small>FL</small> <small>Zip Code</small> 33760		
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  AARON B. PARKER, Secretary <small>Signature, typed or printed name of registered agent and title if applicable.</small>			4-27-2005 <small>DATE</small>		
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		
<small>TITLE</small>	<small>NAME</small>	<input type="checkbox"/> Delete	<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>STREET ADDRESS</small>	MGRM		<small>NAME</small>		
<small>CITY-ST-ZIP</small>	PODS, INC.		<small>STREET ADDRESS</small>		
	5585 RIO VISTA DRIVE		<small>CITY-ST-ZIP</small>		
	CLEARWATER, FL 33760				
<small>TITLE</small>	<small>NAME</small>	<input type="checkbox"/> Delete	<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>STREET ADDRESS</small>			<small>NAME</small>		
<small>CITY-ST-ZIP</small>			<small>STREET ADDRESS</small>		
			<small>CITY-ST-ZIP</small>		
<small>TITLE</small>	<small>NAME</small>	<input type="checkbox"/> Delete	<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>STREET ADDRESS</small>			<small>NAME</small>		
<small>CITY-ST-ZIP</small>			<small>STREET ADDRESS</small>		
			<small>CITY-ST-ZIP</small>		
<small>TITLE</small>	<small>NAME</small>	<input type="checkbox"/> Delete	<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>STREET ADDRESS</small>			<small>NAME</small>		
<small>CITY-ST-ZIP</small>			<small>STREET ADDRESS</small>		
			<small>CITY-ST-ZIP</small>		
<small>TITLE</small>	<small>NAME</small>	<input type="checkbox"/> Delete	<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>STREET ADDRESS</small>			<small>NAME</small>		
<small>CITY-ST-ZIP</small>			<small>STREET ADDRESS</small>		
			<small>CITY-ST-ZIP</small>		
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  SAMUEL M. HENSLEY, CFO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4-27-2005 (727) 538-6341 <small>Date Daytime Phone #</small>		