2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 27, 2005 8:00 am Secretary of State

DOCUMENT # L04000040152 1. Entity Name DOLAN TRANSPORTATION, LLC					01-27-2005 9	90077 004 ****5	50.00
Principal Place PO BOX 331 SARASOTA, F	9	Mailing Address PO BOX 3319 SARASOTA, FL 34230			200042	37	
	lace of Business entral Sarasota PKWY #, etc.	3. Mailing Address 5044 Centro Suite, Apt. #, etc.	l Sarcsote	2 PKwy 01242005	Chg-LLC	CR2E083 (10/03)	
City & State	· —	Unit 204 City & State	FL	4. FEI Num	ber	Ar	pplied For
34,238 25,020		Zip	Country		249819 e of Status Desired	\$5.00 Add	ot Applicable ditional
24032	6. Name and Address of Current F	34238 Registered Agent	420	7. Name an	d Address of New Rep		~
			Name				
DOLAN, CRAIG 5094 CENTRAL SARASOTA PAKY APT 204 SARASOTA, FL 34238			Street Ac	Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip Cod	te
	named entity submits this statement for lons of registered agent.	the purpose of changing its	registered office or	registered agent, or b	oth, in the State of Flori	da. I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTI	: Registered Agent signetu	re required when reinstading)		DATE	
Filing Fee is \$50.00 Due by May 1, 2005							
Fi Di	iling Fee is \$50.00 ue by May 1, 2005				*	check payable to Department of Stat	b9
Fi Di	we by May 1, 2005 MANAGING MEMBER	RS/MANAGERS	10.		*	Department of State	
9.	MANAGING MEMBER MGR	RS/MANAGERS	TITLE		ADDITIONS/C	Department of State CHANGES Change	Addition
9.	we by May 1, 2005 MANAGING MEMBER		TITLE	5094 Cent	Florida	Department of State CHANGES Change	Addition
9. TITLE NAME	MANAGING MEMBEI MGR DOLAN, CRAIG		TITLE	5094 Cent	ADDITIONS/C	Department of State CHANGES Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGR DOLAN, CRAIG PO BOX 3319		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	5094 Cent	ADDITIONS/C	HANGES AC PKWY,	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR DOLAN, CRAIG PO BOX 3319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5094 Cent	ADDITIONS/C	Department of State HANGES EL Change C PKWY, 1 34238	Addition Unit 20
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGR DOLAN, CRAIG PO BOX 3319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	5094 Cent	ADDITIONS/C	Department of State HANGES EL Change C PKWY, 1 34238	Addition Unit 20
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	MANAGING MEMBER MGR DOLAN, CRAIG PO BOX 3319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	5094 Cent	ADDITIONS/C	Department of State HANGES EL Change C PKWY, 1 34238	Addition Unit 20
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME NAME	MANAGING MEMBER MGR DOLAN, CRAIG PO BOX 3319	□ Delete □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	5094 Cent	ADDITIONS/C	Department of State HANGES EL Change Change	Addition On 14 20
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	MANAGING MEMBER MGR DOLAN, CRAIG PO BOX 3319	□ Delete □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	5094 Cent	ADDITIONS/C	Department of State HANGES EL Change Change	Addition On 14 20
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MANAGING MEMBER MGR DOLAN, CRAIG PO BOX 3319	□ Delete □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	5094 Cent	ADDITIONS/C	Department of State HANGES EL Change Change	Addition On 14 20
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGR DOLAN, CRAIG PO BOX 3319	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	5094 Cent	ADDITIONS/C	Department of State HANGES EL Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	MANAGING MEMBER MGR DOLAN, CRAIG PO BOX 3319	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	5094 Cent	ADDITIONS/C	Department of State HANGES EL Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR DOLAN, CRAIG PO BOX 3319	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	5094 Cent	ADDITIONS/C	Department of State HANGES EL Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	MANAGING MEMBER MGR DOLAN, CRAIG PO BOX 3319	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	-	ADDITIONS/C	Department of State HANGES EL Change Change Change	Addition Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	MANAGING MEMBER MGR DOLAN, CRAIG PO BOX 3319	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	-	ADDITIONS/C	Department of State HANGES EL Change Change Change	Addition Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEMBER MGR DOLAN, CRAIG PO BOX 3319	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	-	ADDITIONS/C	Department of State HANGES EL Change Change Change	Addition Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	MANAGING MEMBER MGR DOLAN, CRAIG PO BOX 3319	Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	-	ADDITIONS/C	Department of State HANGES EL Change Change Change	Addition Addition Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	MANAGING MEMBER MGR DOLAN, CRAIG PO BOX 3319	Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	-	ADDITIONS/C	Department of State HANGES EL Change Change Change	Addition Addition Addition Addition Addition

Thereby certify that the information supplies with this limited does not quality for the exemption stated in section 113-07-050, includes a certifying the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under outh; 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:

PRINTED HADE OF SIGNADIC MANAGENG

Craig Dolan

124/05 (941)730-3224