2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000048892					ļ	[]	LEU		
1. Entity Name GDN TRANSPORT, LLC					\	OODE MAD 1	1. AM	11.10	
5511 710					'	2005 MAR 1	4 AM	11.12	
				9 m	-	DIVILION OF	CORPO	RATION	IS
rincipal Place CARGO BLDG.	e of Business	Mailing Address CARGO BLDG, #68			'	TALLAHA	SSEE, F	LORIDA	į.
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amaica, ny	11430 US	Jamaica, Ny 11430	US			HIN CIEN CEM HEIM CEN	I TTIN EIRES (EI		4 M
. Principal P	lace of Business	3. Mailing Address							
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Suite, Apt.	#, etc. 3 A	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-LLC	CR2E08	33 (10/03)	
City & State	e	City & State			4. FEI Numbe	T		Ap	plied For
BROOK					<u> </u>				t Applicab
Zip 1120	Country	Ζip	Countr	ry	5. Certificate of	of Status Desired		\$5.00 Add See Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent	
REDARD '	DENNIS &			Name					
BEDARD, DENNIS R 1717 N BAYSHORE DRIVE SUITE				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 215 MIAMI, FL 33132			ŀ						
			-	City				Zip Code	
							FL	<u> </u>	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistere	d office or registe	ered agent, or both	i, in the State of Flo	rida. I am f	amiliar with,	and accep
SIGNATURE									
IGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered	Agent signature require	ed when reinstating)		DATE		
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Fi Di	iling Fee is \$50.00 ue by May 1, 2005						e check pa Departme	iyedie to Int of State	
		555							
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STREET ADDRESS CITY-ST-ZIP									
STREET ADDRESS STY-ST-ZIP	certify that the information supplied wit	th this filing does not qualify for the thing the same the	the exen	nption stated in S	Section 119.07(3)(i), Florida Statutes.	further cert	ify that the in	formation
TREET ADDRESS STY-ST-ZIP II. I hereby of indicated	certify that the information supplied will on this report is true and accurate an ibility company or the receiver or truste	d that my signature shall have th	ne same	legal effect as if	made under oath;	that I am a manag	I further cert ging membe	ify that the ir r or manage	formation r of the
TREET ADDRESS TY-ST-ZIP 1. I hereby of indicated	on this report is true and accurate and	d that my signature shall have th	ne same	legal effect as if	made under oath;	that I am a manag	I further cert ging membe	ify that the ir r or manage	formation r of the