

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 MAR 14 AM 11:19

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DOCUMENT # L04000048892		
1. Entity Name GDN TRANSPORT, LLC		

Principal Place of Business CARGO BLDG. #68 JFKIA JAMAICA, NY 11430 US	Mailing Address CARGO BLDG. #68 JFKIA JAMAICA, NY 11430 US
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2. Principal Place of Business 105 Ashland PLACE Suite, Apt. #, etc. # 3 A City & State BROOKLYN NY Zip 11201	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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01242005 Chg-LLC CR2E083 (10/03)

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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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 BEDARD, DENNIS R 1717 N BAYSHORE DRIVE SUITE SUITE 215 MIAMI, FL 33132	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEGRO, ALEXIS CARGO BLDG. #68 JFK IA JAMAICA, NY 11430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6040 N. WATERWAY DR. MIAMI FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUPUY, DONNA CARGO BLDG. #68 JFK IA JAMAICA, NY 11430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9733 WINDSON WAY FLORENCE KY 41042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAUTHIER, YVES CARGO BLDG. #68 JFK IA JAMAICA, NY 11430 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800048309 03/14/05--01070--001 **75.00
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
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 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: Alexis NEGRO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #