

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050590

FILED
Feb 22, 2005
Secretary of State

Entity Name: AROUND TOWN TRANSPORTATION PRODUCTS, LLC

Current Principal Place of Business:

1199 ROCKLEDGE BLVD. SUITE 5, HWY US 1
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

23 RENEE COURT
ROCKLEDGE, FL 32955 US

Current Mailing Address:

1199 ROCKLEDGE BLVD. SUITE 5, HWY US 1
ROCKLEDGE, FL 32955 US

New Mailing Address:

23 RENEE COURT
ROCKLEDGE, FL 32955 US

FEI Number: 83-0403171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGAL ZOOM NEVADA, INC.
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM (X) Delete
Name: COLSTON, PHIL E SR
Address: 1199 ROCKLEDGE BLVD. SUITE 5, HWY US 1
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: MGRM () Delete
Name: BOMBARA, JOSEPH V
Address: 1199 ROCKLEDGE BLVD. SUITE 5, HWY US 1
City-St-Zip: ROCKLEDGE, FL 32955 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BOMBARA, JOSEPH V
Address: 23 RENEE COURT
City-St-Zip: ROCKLEDGE, FL 32955 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOSEPH BOMBARA

MGRM

02/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date