2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L04000056796 06 AUG -3 PH 4: 42 1. Entity Name FIVE FORTY TWO, LLC SECRETARY OF STATE TATLAHASSEE. FLOPE Principal Place of Business Mailing Address 1000 SOUTHERN BOULEVARD, SUITE 300 1000 SOUTHERN BOULEVARD, SUITE 300 WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33405 03302006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1541299 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent JONES FOSTER SERVICE, LLC DO NOT WRITE 505 SOUTH FLAGLER DRIVE, SUITE 1100 WEST PALM BEACH, FL 33401 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE TRANS SERVICES ING. Transportation Financial Services, Inc. NAME STREET ADDRESS 1000 SOUTHERN BLVD, STE 300 CITY-ST-ZIP WEST PALM BEACH, FL 33405 TITLE STREET ADDRESS 900078465219 08/08/06--01022;-011 **55.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of the receiver or trustee efficiency to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGN MANAGING MEMBÉR, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #