FILED
May 20, 2005 8:00 am
Secretary of State

04-11-2005 90048 031 ****50.00

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04072005 Chg-LLC CR2E083 (10/03)

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000058630

1. Entity Name
AUTO TRANSPORT MASTERS LLC

Principal Place of Business	Mailing Address
1080 N.W. 31ST AVE FORT LAUDERDALE, FL 33311	P.O. BOX 490002 FT. LAUDERDALE, FL 33349

2. Principal Place of Business	3. Mailing Address
118 Sw 8th ct	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deerfield bch FL	City & State
Zip: 33441 Country	Zip Country

4. FEI Number: 55-0884792 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MONICALENNOX, HARRISON 1080 N.W. 31ST AVE FT. LAUDERDALE, FL 33311	Name: MonicaLennox, Harrison Street Address (P.O. Box Number is Not Acceptable): 118 Sw 8th ct City: Deerfield bch FL Zip Code: 33441

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] Lennox S Harrison 2-1-05
Signature, typed or printed name of registered agent and title if applicable. (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	MGR MONICALENNOX, HARRISON 1080 N.W. 31ST AVE FT LAUDERDALE, FL 33311	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Monica Lennox Harrison 118 Sw 8th ct Deerfield bch FL 33441	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] Lennox S Harrison 2-1-05 954-448-9664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #