2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000058630

1. Entity Name
AUTO TRANSPORT MASTERS LLC

Principal Place of Business	Mailing Address
118 SOUTHWEST 8TH COURT DEERFIELD BEACH, FL 33441 US	P.O. BOX 490002 FT. LAUDERDALE, FL 33349 US

DO NOT WRITE IN THIS SPACE

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04112006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
55-0884792	Not Applicable

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

6. Name and Address of Current Registered Agent

MONICALENNOX, HARRISON
118 SOUTHWEST 8TH COURT
DEERFIELD BEACH, FL 33441

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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
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, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MONICALENNOX, HARRISON
STREET ADDRESS	118 SOUTHWEST 8TH COURT
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #