

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068036

FILED
Apr 20, 2006
Secretary of State

Entity Name: URBIETA TRANSPORTATION, LLC

Current Principal Place of Business:

9701 NW 89TH AVENUE
MEDLEY, FL 33178

New Principal Place of Business:

Current Mailing Address:

9701 NW 89TH AVENUE
MEDLEY, FL 33178

New Mailing Address:

FEI Number: 20-3334589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

URBIETA, IGNACIO JR
9701 NW 89TH AVENUE
MEDLEY, FL 33178 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/MANAGERS:

Title: MGR () Delete
Name: URBIETA MANAGEMENT I, NVESTMENTS INC .
Address: 9701 NW 89TH AVENUE
City-St-Zip: MEDLEY, FL 33178

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: URBIETA TRANSPORTATI, ON LLC
Address: 9701 NW 89TH AVENUE
City-St-Zip: MEDLEY, FL 33178

Title: D () Change (X) Addition
Name: URBIETA JR, IGNACIO D
Address: 9701 NW 89TH AVE
City-St-Zip: MEDLEY, FL 33178 US

Title: D () Change (X) Addition
Name: URBIETA, GUILLERMO D
Address: 9701 NW 89TH AVE
City-St-Zip: MEDLEY, FL 33178 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: IGNACIO URBIETA JR

D

04/20/2006

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