

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084355

FILED
Feb 01, 2006
Secretary of State

Entity Name: MAGELLAN TRANSFER & LOGISTICS, LLC

Current Principal Place of Business:

161 GOLDSBY ROAD
BOX 3
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

161 GOLDSBY ROAD
BOX 3
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 20-1903565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KEIRS, BENJAMIN
161 GOLDSBY ROAD
BOX 3
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

VANDERVILLE, GARY A CEO
161 GOLDSBY ROAD
BOX 3
SANTA ROSA BEACH, FL 32459 US

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: GARY A VANDERVILLE

02/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KEIRS, BENJAMIN
Address: 161 GOLDSBY ROAD, BOX 3
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM (X) Delete
Name: VANDERVILLE, GARY A
Address: 346 BONITA AVE., UNIT 202
City-St-Zip: FT. WALTON BEACH, FL 32579

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VANDERVILLE, GARY A
Address: 161 GOLDSBY ROAD, BOX 3
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

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: GARY A VANDERVILLE

CEO

02/01/2006

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