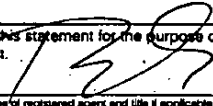
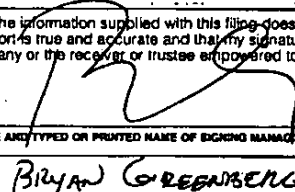


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

04-14-2005 90028 013 ****50.00

DOCUMENT # L04000092519			
1. Entity Name NEW YORK MINUTE LOGISTICS, L.C.			
Principal Place of Business 3100 N.W. BOCA RATON BLVD., #401 BOCA RATON, FL 33431		Mailing Address 3100 N.W. BOCA RATON BLVD., #401 BOCA RATON, FL 33431	
2. Principal Place of Business 2151 NW 2nd AVE		3. Mailing Address 2151 NW 2nd AVE	
Suite, Apt. #, etc. SUITE 100		Suite, Apt. #, etc. SUITE 100	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33431	Country USA	Zip 33431	Country USA
4. FEI Number 20-1755934		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHUTTLE, JOHN 3100 N.W. BOCA RATON BLVD., #401 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name BRYAN S. GREENBERG Street Address (P.O. Box Number is Not Acceptable) 2151 NW 2nd AVE SUITE 100 City BOCA RATON FL 33431	
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  DATE 4/6/05 (NOTE: Registered Agent signature required when reinstating)			
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	MGRM SCHUTTLE, JOHN 3100 N.W. BOCA RATON BLVD., #401 BOCA RATON, FL 33431 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHN SCHUTTLE 2151 NW 2nd AVE BOCA RATON, FL 33431 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRYAN GREENBERG 2151 NW 2nd AVE BOCA RATON FL 33431 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE: 4/6/05 (561) 391-9094 Daytime Phone #	