2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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May 01, 2006	8:00 am
Secretary of	State

05-01-2006 90047 030 ****50.00

Proced Place of Business P.O. BOX 21238 TALLAMASSEE, FL 32316-1238 2. Principal Place of Business Suite. Again. 4 etc.	1. Entity Name T&TTRA	ANSPORT L.L.C.							
Suite, Apt. #, etc.	P.O. BOX 212	238	P.O. BOX 21238	2316-1238					
City & State Country Country Country Country Sp. Country Sp	2. Principal Pl	lace of Business	3. Mailing Address						
Zip Country Sign Applicable Sign Applic	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_	01092006	Chg-LLC	CR2E083	(11/05)	
S. Certificate of Status Desired Fee Required F	City & State	9	City & State		4. FEI Numl 20-2	326742			
BUSH, ANTONIO 107 STATEN RD CRAWFORDVILLE, FL 32327 8. The above remed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamillar with, and soccept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and soccept the obligations of registered agent. SIGNATURE STILLE	Zip		L	Country					
BUSH, ANTONIO 107 STATEN RD CRAWFORDVILLE, FL 32327 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** **Signature**		6. Name and Address of Cur	rent Registered Agent		7. Name an	d Address of New R	egistered Age	ent	
Sireet Address (P.O. Box Number is Not Acceptable) CITY	BUSH AN	TONIO		Ivame					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Sprawm. figned or protect name of sugative ad agent and title if applicable. (MOTE Registered Agent surpuse incounted when reintatating) DATE	107 STATE	EN RD		Street Ac	dress (P.O. Box Num	ber is Not Acceptable	2)		
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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Special		• _		City			El	Zip Code	
SIGNATURE Synature, Synation protect name of registered agent and title if applicable. (NOTE Registered Agent september required received when rematating) DATE			ent for the purpose of changing its	s registered office or	registered agent, or b	oth, in the State of Flo		niliar with, a	and accept
Filling Fee is \$50,000 Due by May 1, 2006 Singer Addition Make BUSH, ANTONIO 107 STATEN RO CRAWFORDVILLE, FL 32327 TITLE NAME SIREE ADDRESS CITY-ST-2P TITLE SIREE A		ions of registered agent.							
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MANAE BUSH, ANTONIO Delete NAME OT STATEN RD CRAWFORDVILLE, FL 32327 TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable. (NO	TE: Registered Agent signatu	e required when reinstating)		DATE		
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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Autoward Bush signature and typed or printed name of signing managing member, manager, or authorized representative

Daytime Phone #