


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

7/1

**FILED**  
**Aug 24, 2007 8:00 am**  
**Secretary of State**

07-17-2007 90007 041 \*\*\*\*50.00  
08-24-2007 90045 015 \*\*\*\*100.00

<b>DOCUMENT # L05000025813</b> 1. Entity Name STAGE ONE TRANSPORT, LLC	
--	---

Principal Place of Business 8065 104TH AVENUE VERO BEACH, FL 32967	Mailing Address PO BOX 780620 SEBASTIAN, FL 32978
--	---

**DO NOT WRITE IN THIS SPACE**

40130600



07122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2825265	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	-----------------------------------

6. Name and Address of Current Registered Agent

BARRETT, NATHANIEL A SR  
8065 104TH AVENUE  
VERO BEACH, FL 32967

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRETT, NATHANIEL A SR 8065 104TH AVENUE VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:  8-22-07-772 589 7798  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

772 480 -2159