

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90023 047 ****50.00

DOCUMENT # L05000031398					
1. Entity Name TRANSORDEV, LLC					
Principal Place of Business 21 S.W. 21 ROAD MIAMI, FL 33129			Mailing Address 17755 HOMESTEAD AVENUE SUITE 109 MIAMI, FL 33129		
2. Principal Place of Business			3. Mailing Address <i>17690 Homestead Ave</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <i>Miami, FL</i>		
Zip		Country		Zip <i>33157</i>	
Country		Country		Country	
6. Name and Address of Current Registered Agent LEWIS R. COHEN, P.A. 1111 BRICKELL AVENUE SUITE 2020 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name: <i>SCOTT A. SILVER</i> Street Address (P.O. Box Number is Not Acceptable): <i>c/o SILVER GARVETT + HENKEL, P.A.</i> <i>18001 Old Cutler Rd, Suite 600</i> City: <i>Miami, FL</i> Zip Code: <i>33157</i>	
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 <i>X</i> <i>SCOTT A. Silver</i>				DATE <i>3/29/06</i>	
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RYDER, WILLIAM 1508 CHINA GROVE TRAIL TALLAHASSEE, FL 32301				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REY, KATHERINE 21 S.W. 21 ROAD MIAMI, FL 33129				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
10. ADDITIONS/CHANGES					
[Empty]					
[Empty]					
[Empty]					
[Empty]					
[Empty]					
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: <i>Katherine Rey</i> <i>KATHERINE REY</i> <i>1-31-06</i> <i>305 525 0187</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					