

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90052 039 \*\*\*\*50.00

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01312006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L05000031400</b> 1. Entity Name <b>TOTAL TRANSORDEV, LLC</b>					
Principal Place of Business <b>21 SW 21 ROAD MIAMI, FL 33129</b>			Mailing Address <b>17755 HOMESTEAD AVENUE SUITE 109 MIAMI, FL 33129</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>17690 Homestead Ave.</b>  Suite, Apt. #, etc.			
City & State		City & State <b>MIAMI, FL</b>			
Zip	Country	Zip <b>33157</b>	Country	4. FEI Number <b>20-2594249</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LEWIS R. COHEN, P.A. 1111 BRICKELL AVENUE SUITE 2020 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>SCOTT A. SILVER</b> Street Address (P.O. Box Number is Not Acceptable) <b>C/O SILVER GARRETT + HENKEL, PA</b> <b>18001 OLD CUTLER RD, SUITE 600</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33157</b>		
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 <span style="float: right;">3/15/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RYDER, WILLIAM 1508 CHINA GROVE TRAIL TALLAHASSEE, FL 32301</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM REY, KATHERINE 21 S.W. 21 ROAD MIAMI, FL 33129</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <b>KATHERINE REY</b> <span style="float: right;">1/21/06 305 525-0187</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					