

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000041960**

1. Entity Name  
1630 SOUTHERN BOULEVARD, LLC



Principal Place of Business

1000 SOUTHERN BLVD, SUITE 300  
WEST PALM BEACH, FL 33405 US

Mailing Address

1000 SOUTHERN BLVD, SUITE 300  
WEST PALM BEACH, FL 33405 US



03102008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2756372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH, FL 33401

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MMBR
NAME	TRANSPORTATION FINANCIAL SERVICES INC
STREET ADDRESS	1000 SOUTHERN BLVD, SUITE 300
CITY-ST-ZIP	WEST PALM BEACH, FL 33405

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04/30/08

Date

Daytime Phone #