2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000045705

FLORIDA TRANSIT SYSTEMS, LLC

FILED Feb 13, 2008 08:00 AM Secretary of State

Principal Place of Business

1165 TROTWOOD BLVD. WINTER SPRINGS, FL

Mailing Address

1165 TROTWOOD BLVD. WINTER SPRINGS, FL



02012008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	•	_	Applied For Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Regulred		

6. Name and Address of Current Registered Agent

BOS, CAREY N 723 E. COLONIAL DRIVE, SUITE 200 ORLANDO, FL 32803 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								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE R		(NOTE Registered	Agent signature required when reinstating	Q)	DATE .			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75								
9.	MANAGING MEMBERS/MANAGERS			最高的 对 数 化多级 电				
TITLE NAME	MGRM TELLEZ, CARL							
STREET ADDRESS	1165 TROTWOOD BLVD.		and a hala de la composition della composition d					
CITY-ST-ZIP	WINTER SPRINGS, FL 32708							
TITLE	MGRM			10000082	6297			
NAME	HOREN, JUSTIN		egg, og metalle gjeriet i gjeriet. Biografikaske metalle gjeriet i storiet.	02/21/08+80	044-010 138.75			
STREET ADDRESS	1265 PINE AVENUE							
CITY-ST-ZIP	ORLANDO, FL 32824			in en Maria de l'Albahand de l'Albahand. L'agres de la company de l'agres				
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CITY-ST-ZIP				the second				

11. I hereby certify that the information subplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is pide and addurate 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 repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/8/08

407-855-111

Dayt-me Phone #