


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # L05000047557 1. Entity Name ADDISON TRANSPORT L.L.C. | | | |  | |
| Principal Place of Business 132-2 HAMITON PARK DR. TALLAHASSEE, FL 32304 | | | Mailing Address P.O. BOX 732 THOMASVILLE, GA 31799 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | City & State | | City & State | |
| 6. Name and Address of Current Registered Agent ADDISON, QUENTIN 132-2 HAMITON PARK DR. TALLAHASSEE, FL 32304 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | 4. FEI Number APPLIED FOR 251918062 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For Not Applicable | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | DATE _____ | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | 900101628589 05/07/07--01003--003 **50.00 | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM ADDISON, QUENTIN P.O. BOX 732 THOMASVILLE, GA 31799 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 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>Quentin Addison</i> 4/30/07 229-672-1248 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number
APPLIED FOR 251918062

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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ADDISON, QUENTIN
132-2 HAMITON PARK DR.
TALLAHASSEE, FL 32304

Name
Street Address (P.O. Box Number is Not Acceptable)
City
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #