

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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|---|---------------------------------|---|----------------|--|--|
| DOCUMENT # L05000055363 | | | | | |
| 1. Entity Name CAPITAL TRANSIT, LLC | | | | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">06 AUG 21 AM 9:50</div> <div style="font-size: 0.8em; margin-bottom: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="font-size: 0.8em; margin-top: 10px;">07282006 Chg-LLC CR2E083 (11/05)</div> | |
| Principal Place of Business 1225 MICCOSUKEE ROAD TALLAHASSEE, FL 32308 US | | Mailing Address PO BOX 15043 TALLAHASSEE, FL 32317 US | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-2968417 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent SHEETS, PERRY 1225 MICCOSUKEE ROAD TALLAHASSEE, FL 32308 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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: <u><i>Perry Sheets</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>7/31/06</u> | | | | | |
| Filing Fee is \$50.00 Due by September 6, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE MGR NAME SHEETS, PERRY STREET ADDRESS 1225 MICCOSUKEE ROAD CITY-ST-ZIP TALLAHASSEE, FL 32308 | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.2em; font-weight: bold; margin-top: 10px;">900079231489</div> <div style="font-size: 0.8em; margin-top: 5px;">08/29/06--01064--010 **50.00</div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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. | | | | | |
| SIGNATURE: <u><i>Perry Sheets</i></u> | | | | DATE: <u>7/31/06</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # | | | | | |