


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90022 014 \*\*\*\*50.00

<b>DOCUMENT # L05000063505</b> 1. Entity Name <b>E-Z TIME TRANSPORTATION, LLC</b>					
Principal Place of Business <b>P. O. BOX 947553</b> <b>MAITLAND, FL 32794 US</b>			Mailing Address <b>P. O. BOX 947553</b> <b>MAITLAND, FL 32794 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-3063436</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				02202006    Chg-LLC    CR2E083 (11/05)	
6. Name and Address of Current Registered Agent  <b>DACOSTA, LEON A</b> <b>877 GRAND REGENCY POINT</b> <b>#203</b> <b>ALTAMONTE SPRINGS, FL 32714</b>			7. Name and Address of New Registered Agent Name <b>Dalosta, Leon A</b> Street Address (P.O. Box Number is Not Acceptable) <b>477 Burnt Tree Lane</b> City <b>Apopka</b> FL      Zip Code <b>32712</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 <u>Leon A. Dalosta</u> DATE <u>4/24/06</u> <small>Signature, typed or printed name of registered agent and agent applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>DACOSTA, LEON A</b> <b>877 GRAND REGENCY POINT #203</b> <b>ALTAMONTE SPRINGS, FL 32714</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>477 Burnt Tree Lane</b> <b>Apopka, FL 32712</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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>Leon A. Dalosta</u>			Date <u>4/24/06</u> Daytime Phone # <u>407-509-8586</u>		