2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067923

Entity Name: TRINITY TRANSPORT SYSTEMS LLC

FILED Apr 07, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

420 NORTHWEST 42ND STREET 8292 NORTHWEST SOUTH RIVER DRIVE MIAMI, FL 33127

MIAMI, FL 33166

ADDITIONS/CHANGES:

Current Mailing Address: New Mailing Address:

420 NORTHWEST 42ND STREET 8292 NORTHWEST SOUTH RIVER DRIVE

MIAMI, FL 33127 MIAMI, FL 33166

FEI Number: 20-3174511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete (X) Change () Addition BOWE, ETHRIC C BOWE, ETHRIC C Name: Name:

420 NORTHWEST 42ND STREET Address: 8292 NORTHWEST SOUTH RIVER DRIVE Address:

City-St-Zip: MIAMI, FL 33127 City-St-Zip: MIAMI, FL 33166

Title: MGR () Delete Title: MGR (X) Change () Addition ALLEYNE, DEON Name: BOWE, LINAMAE Name:

Address: 420 NORTHWEST 42ND STREET Address: 8292 NORTHWEST SOUTH RIVER DRIVE

City-St-Zip: MIAMI, FL 33127 City-St-Zip: MIAMI, FL 33166

Title: () Delete Title:

(X) Change () Addition JAMES, WILLIAM JAMES, WILLIAM Name: Name:

420 NORTHWEST 42ND STREET 8292 NORTHWEST SOUTH RIVER DRIVE Address: Address:

City-St-Zip: MIAMI, FL 33127 City-St-Zip: MIAMI, FL 33166

(X) Change () Addition Title: () Delete Title:

Name: ALLEYNE, DEON Name: FOWLER, PATRICIA

420 NORTHWEST 42ND STREET 8292 NORTHWEST SOUTH RIVER DRIVE Address: Address:

City-St-Zip: MIAMI, FL 33127 City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ETHRIC C. BOWE 04/07/2006