

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081418

FILED
Apr 02, 2006
Secretary of State

Entity Name: GROUND TRANSPORTATION SERVICES, LLC

Current Principal Place of Business:

9510 SW 51 STREET
MIAMI, FL 33165 US

New Principal Place of Business:

Current Mailing Address:

9510 SW 51 STREET
MIAMI, FL 33165 US

New Mailing Address:

FEI Number: 56-2530087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GENER, ALBERT M
9510 SW 51 STREET
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: ALBERT, GENER M
Address: 9510 SW 51 STREET
City-St-Zip: MIAMI, FL 33165 US

Title: MGRM () Delete
Name: JAENEANE, CHIFFONE
Address: 3700 GALT OCEAN DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: MGR () Delete
Name: GONZALEZ, SIUL A
Address: 9510 SW 51 STREET
City-St-Zip: MIAMI, FL 33165 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: JAENEANE, CHIFFONE
Address: 9510 SW 51 STREET
City-St-Zip: MIAMI, FL 33165 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALBERT M. GENER

MGRM

04/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date