


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

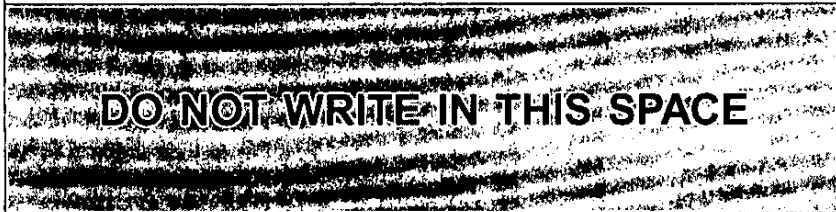
FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000093114

1. Entity Name
SANTIAGO'S TRANSPORT, LLC



Principal Place of Business 2198 MALLARD CREEK CIR KISSIMMEE, FL 34743	Mailing Address 2198 MALLARD CREEK CIR KISSIMMEE, FL 34743
---	---

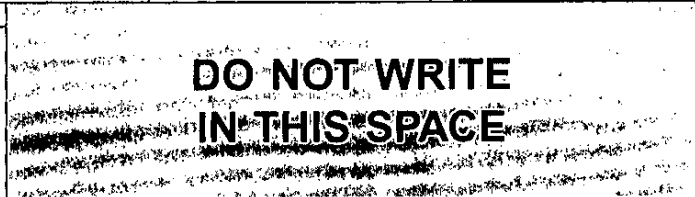


03192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3511672	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MANON, SANTIAGO
 2198 MALLARD CREEK CIR
 KISSIMMEE, FL 34743**



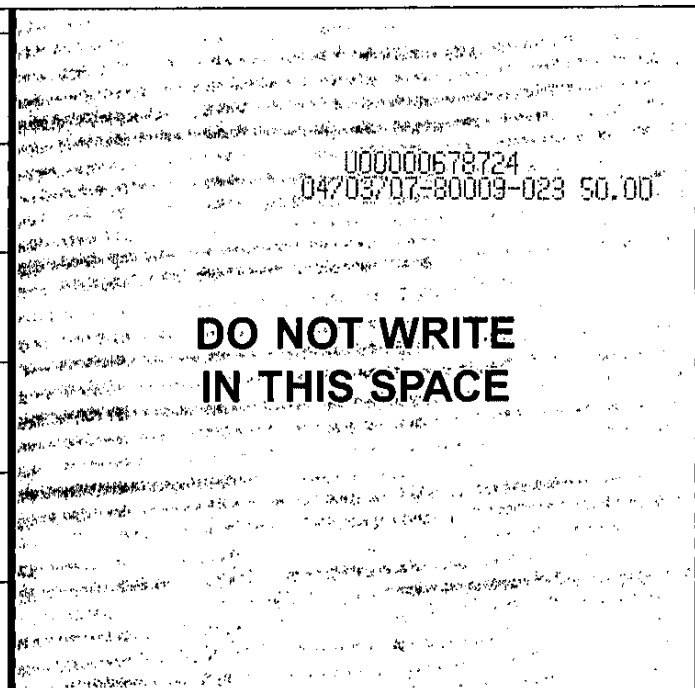
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANON, SANTIAGO 2198 MALLARD CREEK CIR KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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: *Santiago Manon* **3-21-07 (347) 678-2164**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

(407) 791-7924