

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103794

Entity Name: AGEAN TRANSPORT LLC.

FILED  
Jul 17, 2007  
Secretary of State

## Current Principal Place of Business:

4638 FENTON WAY  
NEW PORT RICHEY, FL 34652

## New Principal Place of Business:

10222 PONTOFINO CIRCLE  
TRINITY, FL 34655

## Current Mailing Address:

4638 FENTON WAY  
NEW PORT RICHEY, FL 34652

## New Mailing Address:

10222 PONTOFINO CIRCLE  
TRINITY, FL 34655

FEI Number: 20-3661882      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

STAVRAKIS, ALEXIOS  
4638 FENTON WAY  
NEW PORT RICHEY, FL 34652      US

## Name and Address of New Registered Agent:

STAVRAKIS, ALEXIOS  
10222 PONTOFINO CIRCLE  
TRINITY, FL 34655      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

07/17/2007

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: STAVRAKIS, ALEXIOS  
Address: 4638 FENTON WAY  
City-St-Zip: NEW PORT RICHEY, FL 34652

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: STAVRAKIS, ALEXIOS  
Address: 10222 PONTOFINO CIRCLE  
City-St-Zip: TRINITY, FL 34655

I hereby certify that the information supplied with this filing does not qualify 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: ALEX STAVRAKIS

MGRM

07/17/2007

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