

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111005

Entity Name: C.M. TRANSLINE, LLC

FILED  
Apr 29, 2006  
Secretary of State

## Current Principal Place of Business:

5900 TOWNSEND ROAD  
SUITE 736  
JACKSONVILLE, FL 32244 US

## Current Mailing Address:

5900 TOWNSEND ROAD  
SUITE 736  
JACKSONVILLE, FL 32244 US

## New Principal Place of Business:

620 NE 2ND CT  
SUITE 1  
HALLANDALE, FL 33009 US

## New Mailing Address:

620 NE 2ND CT  
SUITE 1  
HALLANDALE, FL 33009 US

FEI Number: 20-3795370

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NISTOR, CIPRIAN P  
712 NE 2ND CT.  
APT# 7  
HALLANDALE, FL 33009 US

## Name and Address of New Registered Agent:

NISTOR, CIPRIAN P  
620 NE 2ND CT  
APT# 1  
HALLANDALE, FL 33009 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:

04/29/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MRG ( ) Delete  
Name: NISTOR, CIPRIAN P  
Address: 712 NE 2ND. COURT, APT. 7  
City-St-Zip: HALLANDALE, FL 33009 US

## ADDITIONS/CHANGES:

Title: MRG (X) Change ( ) Addition  
Name: NISTOR, CIPRIAN P  
Address: 620 NE 2ND CT #1  
City-St-Zip: HALLANDALE, FL 33009 US

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: CIPRIAN NISTOR

MRG

04/29/2006

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