## FILED May 01, 2007 8:00 am Secretary of State 04-17-2007 90249 005 \*\*\*\*50.00

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

New YOLE T LANE  DE FUNIAL SPRINGS, FL 32433  30006316  2. Principal Place of Blumess - No. P.O. Bor # 3. Making Address  Suits. April #, etc.	DOCUMENT # L06000042504  1. Entity Name AUTO TRANSPORT BY CHARLIE, LLC											
Suite, Apr. 4, etc.    Suite, Apr. 5, etc.   Suite   Cay 5, State	59 W VIOLET LANE			59 W VIOLET LANE	59 W VIOLET LANE			30006316				
City & State    City & State   City & City & State   City & City & State   City & State   City &	2. Principal Pl	lace of Busin	ness - No P.O. Box #	3. Mailing Address								
S. Name and Address of Currient Registared Agent  8. Name and Address of Name and Address of Name  8. Steel Address (P.O. Box Number is Not Acceptable)  City  FL  20 Code  8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the Sale of Forica. I am familiar with, and accept the obligations of registered agent, or both, in the Sale of Forica. I am familiar with, and accept the obligations of registered agent, or both, in the Sale of Forica. I am familiar with, and accept the obligations of registered agent, or both, in the Sale of Forica. I am familiar with, and accept the obligations of registered agent, or both, in the Sale of Forica. I am familiar with, and accept the obligations of registered agent, or both, in the Sale of Forica. I am familiar with, and accept the obligations of registered agent, or both, in the Sale of Forica. I am familiar with, and accept the obligations of registered agent, or both, in the Sale of Forica. I am familiar with, and accept the obligations of registered agent, or both, in the Sale of Forica. I am familiar with, and accept the obligations of registered agent, or both, in the Sale of Forica. I am familiar with, and accept the obligations of registered agent, or both, in the Sale of Forica. I am familiar with, and accept the obligations of registered agent, or both, in the Sale of Forica. I am familiar with, and accept the obligations of registered agent, or both, in the Sale of Forica. I am familiar with accept the obligations of registered agent, or both, in the Sale of Forica. I am familiar with accept the obligations of registered agent, or both, in the Sale of Forica. I am familiar with accept the obligations of registered agent, or both, in the Sale of Forica. I am familiar with accept the familiar with ac	Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-LLC	CR2E083	(12/06)		
S. Name and Address of Currient Registered Agent  7. Name and Address of New Registered Agent  NELSON, CHARLES M 59 WYOLET LANE DE FUNIAK SPRINGS, FL 32433  City FL Zip Code  8. The above named writer subtract for the purpose of changing its registered agent, or com, in the State of Florica. I am familiar with, and accept in exhigitions of registered agent, or com, in the State of Florica. I am familiar with, and accept me obligations of registered agent, or com, in the State of Florica. I am familiar with, and accept me obligations of registered agent, or com, in the State of Florica. I am familiar with, and accept me obligations of registered agent, or com, in the State of Florica. I am familiar with, and accept me obligations of registered agent, or com, in the State of Florica. I am familiar with, and accept me obligations of registered agent, or com, in the State of Florica. I am familiar with, and accept me obligations of registered agent, or com, in the State of Florica. I am familiar with, and accept me obligations of registered agent.  Filling Pee is \$50.00  Profital Department of States  19. ADDITIONS/ONANGER  19. ADDITIONS/ONANGER  INC.  MARKET ADDITIONS  ON 51-12*  ON	City & State			City & State	City & State			B-4740	6340		·	
NELSON, CHARLES M 59 W VIOLET LANE  DE FUNIAK SPRINGS, FL 32433    Cry   FL   Zgr Code	Zip —-			<u> </u>	Coun	ntry –	5. Certificate of status besited Fee Required			litional d		
Street Address (P.O. Box Number is Not Acceptable)    City		5. Name and Address of Current Registered Agent										
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept me obligations of Florids. I am familiar with, and accept me obligations of Florids. I am familiar with, and accept me obligations of Florids. I am familiar with, and accept me obligations of Florids. I am familiar with a me obligation of the same obligations of Florids. I am familiar with a member of the florid entry of the florid state of Florids. I florid state of Florid state of Florids. I florid state of Florids. I florid state of Florids. I florid state of Florids. I florid state of Florids.	59 W VIOLET LANE					Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  Filling Foe is \$50.00  But by fills \$1,2007  Filling Foe is \$50.00  Fil	DE FUNIAI	K SPRING	3S, FL 32433				·					
The obligations of registered agent.  Signature:    Signature:   Signature   S					City				FL	Zip Code	ė	
9. MANAGING MEMBERS/MANAGERS 19. ADDITIONS/CHANGES  III.E MELSON, CHARLES M SIRET ADDRESS CITY-ST-2P DE FUNIAK SPRINGS, FL 32433 CITY-ST-2P DE FUNIAK SPRINGS, FL 32433 CITY-ST-2P DE FUNIAK SPRINGS, FL 32433 CITY-ST-2P TITLE MAKE SIRET MORESS CITY-ST-2P SIRET	the obligations of registered agent.											
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NEEL ADDRESS SIRET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-			MANAGING MEM				-	ADDITIONS				
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