

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051897

FILED  
Mar 16, 2007  
Secretary of State

Entity Name: TRANSCON FREIGHT BROKERS L.L.C

**Current Principal Place of Business:**

1714 PARK DRIVE  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 91683  
LAKELAND, FL 33804

**New Mailing Address:**

FEI Number: 74-3179621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WATSON, SHAWN  
1714 PARK DRIVE  
LAKELAND, FL 33803 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: WATSON, LARRY  
Address: 15120 BRAHMA RD  
City-St-Zip: POLK CITY, FL 33868

Title: MGRM ( ) Delete  
Name: WATSON, LOIS J  
Address: 15120 BRAHMA RD  
City-St-Zip: POLK CITY, FL 33868

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WATSON, LOIS JEAN  
Address: 15120 BRAHMA RD  
City-St-Zip: POLK CITY, FL 33868

Title: MGR (X) Change ( ) Addition  
Name: WATSON, SHAWN P  
Address: 1714 PARK DRIVE  
City-St-Zip: LAKELAND, FL 33803

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: LOIS J WATSON

MGRM

03/16/2007

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