


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

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| DOCUMENT # L06000117823 1. Entity Name ELITE TRANSP. LLC |  |
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| Principal Place of Business 3200 AVENUE R FORT PIERCE, FL 34947 US | Mailing Address 3200 AVENUE R FORT PIERCE, FL 34947 US |
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01302008 No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number 20-8041223 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**ANDERSON, DAVID
3200 AVENUE R
FORT PIERCE, FL 34947**

**DO NOT WRITE
IN THIS SPACE**

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 David Anderson (NOTE: Registered Agent signature required when reinstating) DATE 1/30/08

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ANDERSON, DAVID 3200 AVENUE R FORT PIERCE, FL 34947 |
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02/20/08-80067-013 138.75

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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: David M. Anderson DATE 1/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE