

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE		SECRETARY OF STATE	
ANNUAL REPORT		Katherine Harris		DIVISION OF CORPORATIONS	
1999				99 MAY -5 AM 10:57	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L95000000985			
TRANSPORT MANAGEMENT ASSOCIATES, L.C. 210 NORTH 32ND AVENUE HOLLYWOOD FL 33021		1a. Principal Place of Business Address 210 NORTH 32ND AVENUE HOLLYWOOD FL 33021			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/20/1995	
City & State		City & State		4. FEI Number	
Zip		Zip		65-0634383	
Country		Country		5. Date of Last Report	
				05/01/1998	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
GEIGER, ROBERT S 1428 BRICKELL AVENUE 6TH FLOOR MIAMI FL 33131		Name PAMELA B. MAGLIOCCA Street Address (P.O. Box Number is Not Acceptable) 210 NORTH 32nd AVE. Suite, Apt. #, etc. City HOLLYWOOD, FL Zip Code 33021			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE		PAMELA B. MAGLIOCCA		DATE 5-3-99	
(Registered Agent Accepting Appointment)		(Registered Agent Signature is required when removing agent)			
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	BURGESS, CHARLES J	210 NORTH 32ND AVE.		HOLLYWOOD FL	
MGR	BURGESS, PAMELA B.	210 NORTH 32ND AVE.		HOLLYWOOD FL	
MGR	MAGLIOCCA, PAMELA B.	210 NORTH 32ND AVE.		HOLLYWOOD, FL	
6000002868486--2 -05/07/99--01151--008 ****188.75 ****188.75					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE:		PAMELA B. MAGLIOCCA 4/14/99			
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED AGENT		Date Filed			