


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  99 APR 22 PM 2:08																									
<b>FILING FEE \$ 188.75</b> <b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>																													
1 Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L96000000143</b>  RUSSELL TRANSPORTATION SERVICES, L.C. <del>5692 KINGRY ROAD</del> AT 4213 AVALON BLVD MILTON FL 32583-1638				1a. Principal Place of Business Address  <del>5692 KINGRY ROAD</del> AT 4213 AVALON BLVD MILTON FL 32583																									
2 Principal Place of Business 4213 Avalon Blvd. Suite, Apt. #, etc.		2a. Mailing Address 4213 Avalon Blvd. Suite, Apt. #, etc.		3. Date Organized or Qualified 01/31/1996																									
City & State Milton, FL Zip 32583		City & State Milton, FL Zip 32583		3a. State of Formation FL																									
Country Santa Rosa		Country Santa Rosa		4. FEI Number 59-3360829 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
5. Date of Last Report 04/23/1998				6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
7. Name and Address of Current Registered Agent RUSSELL, TOBY T <del>5692 KINGRY ROAD</del> AT 4213 AVALON BLVD MILTON FL 32583			8. Name and Address of New Registered Agent/Office Name Toby Russell Street Address (P.O. Box Number is Not Acceptable) 4213 Avalon Blvd. Suite, Apt. #, etc. City Milton Zip Code FL 32583																										
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 <u>Toby Russell</u> <small>(Registered Agent Accepting Appointment) (Print Name of Registered Agent in Full)</small>				DATE <u>4/21/99</u>																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>RUSSELL, TOBY T</td> <td>6330 BAYBERRY STREET</td> <td>MILTON FL</td> </tr> <tr> <td>MGRM</td> <td>RUSSELL, GLENNON L</td> <td>5804 HERMITAGE CIRCLE</td> <td>MILTON FL</td> </tr> <tr> <td>MEM</td> <td>RUSSELL, SHEILA K</td> <td>5804 HERMITAGE CIRCLE</td> <td>MILTON FL</td> </tr> <tr> <td>MEM</td> <td>RUSSELL, BENJAMIN L</td> <td>5804 HERMITAGE CIRCLE</td> <td>MILTON FL</td> </tr> <tr> <td>MEM</td> <td>RUSSELL, JULIE</td> <td>6330 BAYBERRY STREET</td> <td>MILTON FL</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	RUSSELL, TOBY T	6330 BAYBERRY STREET	MILTON FL	MGRM	RUSSELL, GLENNON L	5804 HERMITAGE CIRCLE	MILTON FL	MEM	RUSSELL, SHEILA K	5804 HERMITAGE CIRCLE	MILTON FL	MEM	RUSSELL, BENJAMIN L	5804 HERMITAGE CIRCLE	MILTON FL	MEM	RUSSELL, JULIE	6330 BAYBERRY STREET	MILTON FL
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000002854220--7 -04/27/99--01095--018 ****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:** Toby Russell    Toby Russell    4/21/99