File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED 665/6 LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 198000001051** SOUTHLAND TRANSPORTATION, L.C. 6804 NORWOOD AVENUE 6804 NORWOOD AVENUE JACKSONVILLE FL 32208 JACKSONVILLE FL 32208 2 Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 6804 Norwood Avenue. Suite, Apt. #, etc. 07/14/1998 4. FEI Number Applied For 59-352/537 5. Date of Last Report | 6. Certifin Country 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office OUTLER, EDWARD 6804 NORWOOD AVENUE Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32208 Suite, Apt. #, etc. Zip Code 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. Thereby accept the appointment as registered agent, and accept the obligations. 4-29-99 DATE SIGNATURE . (Bespekrich Agent Asceptan) Appending to (NOTE Bespective) Agent squation to provide a 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR OUTLER, EDWARD 6804 NORWOOD AVENUE JACKSONVILLE FL 200002871152----05/11/99--01650--005 \*\*\*\*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. 4-29-99 904-768-5700 SIGNATURE: