LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS						99 AUG -5 AH 10: 01		
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					SECRETARY OF STATE TALLAHASSEE FLORIDA			
1. Name at			「# L980000					Ì
TRAN	NS SOLUTIONS SYSTE	CMS, I	L.L.C.		1a. Principal Pla	ce of Business	Address	
2 Principal	Place of Business	2a. Mai	ling Address		3. Date Organiz	ed or Qualified	3a. State of Forma	ition
150 S.E. 12 Street Suite Apt # etc. Suite A			Apt. #, etc.		12/29/98		Florida	
Suit	e 401				4. FEI Number		X Ap	plied For
City & State	Lauderdale, FL	City & S	tate					ot Applicable
Zip	Country	Zıp	Count	ry	5. Date of Last F	Report	6. Certificate of Sta \$8.75 Additional Fee F	
7. Name and Address of Current Registered Agent				8.	ame and Address of New Registered Agent/Office			
Fi	ank Rosello 1			Name Gregory	Rellows			
Street Addre					(P.O. Box Number is Not Acceptable)			
Solte A-205 Suite Apr. #. 6					C. 12 Street, Suite 401			
Mrant FL 33166				City Zip Code				
	•			Fort La	uderdale	FL	33316-18	334
9. Pursuan Its registere	nt to the provisions of Sections 608.416 and office or registered agent, or both, in the	ind 608.50	Florida Statutes, the al orida. Such change was a	bove-named limited uthorized by affirma	liability company si tive vote of a majoril	ubmits this state y of the member	ement for the purpose is. I hereby accept the a	of changing appointment
as registere	ed agent, and accept the obligations.	///					n/oda	5
SIGNATUR	RE (Registered Agent Accepting A	(appointment)	(NOTE Registered Agent signatur	e reguled when remolating	[DATE	110011	
10. Title	Managing Members/Managers		Business Street Address				, State and Zip Code	
IGRM	Gregory Bellows		150 S.E. 12 Street,		t, #401	, #401 Ft. Lauderdale, Fl		, FL 383 183
					5	 	295761 /127990100 **188.75 **	750 74006 ***188.75
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indicated on	eby certify that the information supplied win this annual report is true and accurate a lity company or the receiver or Mustge em	nd that my	signature shall have the	same legal effect as	if made under oath	, that I am a mar	naging member or ma	nager of the
	with an address	//	/// /				, ar	<i>)</i> /
attachment :	with an address. ATURE: Oregon	(60				7/29	99 524	6-1501

INHSE10 R (12-98)



Trans Solutions Systems, L.L.C

Wednesday, July 21, 1999

Annual Reports Filings Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Please find enclosed our Annual Reports and filing fees for 1999. We moved our address in 1999 and notified the State of Florida to send all correspondence to the new address. The State recorded our company address but did not change the Registered Agent which was the same as the company address. The mail was returned and this caused a 2nd Notice which we finally got in July 1999.

If you would be so kind to consider this and waive the late penalty it will be greatly appreciated. Feel free to contact me if you have any questions.

Sincerely

Gregory Bellow

President