

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # M01000000587

1. Entity Name
L & L TRANSPORTATION, LLC



Principal Place of Business

**2 BRUSH CREEK BLVD., SUITE 200
KANSAS CITY, MO 64112**

Mailing Address

**2 BRUSH CREEK BLVD., SUITE 200
KANSAS CITY, MO 64112**

DO NOT WRITE IN THIS SPACE



01122005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

43-1905384

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000182314

01/19/05-80022-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SHERMAN, JOHN J
STREET ADDRESS	2 BRUSH CREEK BLVD., STE. 200
CITY- ST- ZIP	KANSAS CITY, MO 64112
TITLE	MGR
NAME	ELBERT, PHILLIP L
STREET ADDRESS	2 BRUSH CREEK BLVD., STE. 200
CITY- ST- ZIP	KANSAS CITY, MO 64112
TITLE	MGR
NAME	SHERMAN, R. BROOKS
STREET ADDRESS	2 BRUSH CREEK BLVD., STE. 200
CITY- ST- ZIP	KANSAS CITY, MO 64112
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

R. Brooks Sherman, Jr.

1/14/05

Date

816 842 8181

Daytime Phone #