


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90134 038 ***138.75

DOCUMENT # M02000001515

1. Entity Name
OMNI TRANSPORT SYSTEMS, FLORIDA, LLC



Principal Place of Business 16415 ADDISON RD SUITE 400 ADDISON, TX 75001	Mailing Address 16415 ADDISON RD SUITE 400 ADDISON, TX 75001
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

00019663



03242008 Chg-LLC CR2E083 (12/06)

4. FEI Number 75-2901680	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLOCHOCKI, STEVEN T <input checked="" type="checkbox"/> Delete 16415 ADDISON RD SUITE 400 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONYO, JEFFREY A <input type="checkbox"/> Delete 16415 ADDISON RD SUITE 400 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michäel L. Nelson 16415 Addison Road, Suite 400 Addison, Texas 75001-3263
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JMGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard R. Kracum 16415 Addison Road, Suite 400 Addison, Texas 75001-3263
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Anthony J. DiNota* **Anthony J. DiNota-President** **972-776-0130**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #