

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90047 007 ****50.00

DOCUMENT # M02000002518

1. Entity Name
TRANSITAMERICA, LLC



Principal Place of Business
**1100 PARK CENTRAL BLVD SOUTH
STE 1400
POMPANO BEACH, FL 33064**

Mailing Address
**1100 PARK CENTRAL BLVD SOUTH
STE 1400
POMPANO BEACH, FL 33064**

20020812



2. Principal Place of Business
600 S. Riverside Road
Suite, Apt. #, etc.

3. Mailing Address
PO Box 1089
Suite, Apt. #, etc.

03152006 Chg-LLC CR2E083 (11/05)

City & State
St. Joseph, MO

City & State
St. Joseph, MO

4. FEI Number
30-0109760

Applied For
Not Applicable

Zip
64507

Country
USA

Zip
64502-1089

Country
USA

5. Certificate of Status Desired ☐ **\$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

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HERZOG, STANLEY M
600 SOUTH RIVERSIDE ROAD
ST. JOSEPH, MO 64506** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JESTER, NORMAN
1100 PARK CENTRAL BLVD SOUTH STE 1400
POMPANO BEACH, FL 33064** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
Jack McBee
600 S. Riverside Road
St. Joseph, MO 64507** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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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:

Jack S. McBee

3/15/06

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

Date

Daytime Phone #