2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# M03000003891

Entity Name: FIRST TRANSIT TRANSPORTATION LLC

Current Principal Place of Business:

705 CENTRAL AVE. SUITE 300
CINCINNATI, OH 45202

New Principal Place of Business:

Current Mailing Address:

705 CENTRAL AVE. SUITE 300
CINCINNATI, OH 45202

New Mailing Address:

FEI Number: 20-0298491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	MURRAY, MICHAEL C	
Address:	705 CENTRAL AVE. SUITE 300	
City-St-Zip:	CINCINNATI, OH 45202	
Title:	MGR	( ) Delete
Name:	BEECHEM, BRIAN	
Address:	705 CENTRAL AVE. SUITE 300	
City-St-Zip:	CINCINNATI, OH 45202	
Title:	MGR	( ) Delete
Name:	BALLARD, BRUCE	
Address:	705 CENTRAL AVE. SUITE 300	
City-St-Zip:	CINCINNATI, OH 45202	
Title:	MGR	( ) Delete
Name:	CELEBREZZE, MICHAEL	
Address:	705 CENTRAL AVE. SUITE 300	
City-St-Zip:	CINCINNATI, OH 45202	
Title:	MGR	( ) Delete
Name:	DUNNING, RICK	
Address:	705 CENTRAL AVE. SUITE 300	
City-St-Zip:	CINCINNATI, OH 45202	
Title:	MGR	( ) Delete
Name:	PROMPONAS, NICK	
Address:	705 CENTRAL AVE. SUITE 300	
City-St-Zip:	CINCINNATI, OH 45202	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	SLOAN, ALTON	
Address:	705 CENTRAL AVE. SUITE 300	
City-St-Zip:	CINCINNATI, OH 45202	
Title:	MGR	(X) Change ( ) Addition
Name:	GARTNER, CHRISTIAN	
Address:	705 CENTRAL AVE. SUITE 300	
City-St-Zip:	CINCINNATI, OH 45202	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN J BEECHEM AT 04/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date