


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED 97 APR 22 PM 12:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1 Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M9600000073</b>  LAND TRANSPORTATION, L.L.C. 4350 WILL ROGERS PARKWAY, SUITE 300-S OKLAHOMA CITY OK 73108		1a. Principal Place of Business Address 4350 WILL ROGERS PARKWAY, SUI OKLAHOMA CITY OK 73108			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 03/07/1996	
				3a. State of Formation OK	
				4. FEI Number 73-1477103	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				6. Certificate of Status Desired SR (w/ Addition of Fee Required) <input type="checkbox"/>	
7. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 800002158588-2 04/23/97 01083-002 Zip Code ***203.75 ***203.75 <b>FL</b>		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____			DATE _____		
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	ROUSH, DAVID P	<del>P.O. BOX 681 N/A</del>		WILSON WY 83014	
MGR	CAUDELL, THOMAS M	605 S Sandhill Crane Rd		OKLAHOMA CITY OK 73108	
MGR	ROUSH, DAVID H	4350 WILL ROGERS PARKWAY,		OKLAHOMA CITY OK 73108	
MGR	ROUSH, GREGORY P	4350 WILL ROGERS PARKWAY,		OKLAHOMA CITY OK 73108	
MGR	<del>BORTOLINI, ARTHUR G</del>	<del>4350 WILL ROGERS PARKWAY,</del>		<del>OKLAHOMA CITY OK</del>	
MGR	Fox, Robert	4350 Will Rogers Parkway		Oklahoma City OK 73108	
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: _____		Robert Fox, Manager		408 943 9500	
		Date		Daytime Phone #	