


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

APPROVED  
AND  
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97 MAR 31 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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Name and Mailing Address of Limited Liability Company <b>COALITION AGAINST BIGGER TRUCKS LIMITED LI ABILITY COMPANY 116 NEW MONTGOMERY ST., SUITE 850 SAN FRANCISCO CA 94105</b>	<b>DOCUMENT # M96000000246</b>
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1a. Principal Place of Business Address <b>116 NEW MONTGOMERY ST., SUITE SAN FRANCISCO CA 94105</b>
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2. Principal Place of Business <b>1000 Potomac St NW Suite, Apt. #, etc. Suite 402 City &amp; State Washington DC Zip 20007 Country USA</b>		2a. Mailing Address <b>1000 Potomac St, NW Suite, Apt. #, etc. Suite 402 City &amp; State Washington DC Zip 20007 Country USA</b>	
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3. Date Organized or Qualified <b>07/10/1996</b>	3a. State of Formation <b>VA</b>
4. FEI Number <b>94-3229678</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required

7. Name and Address of Current Registered Agent <b>HINMAN, BRIAN 3538 BOCAGE DRIVE, #805 ORLANDO FL 32812</b>
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8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <b>FL</b>
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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 \_\_\_\_\_ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when installing) DATE \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	GIBB, BILL	<b>1000 Potomac St, Suite 402 1054 31ST ST, N.W., SUITE</b>	<b>WASHINGTON DC 20007 300002130693--8 -04/01/97--01109--012 ****203.75 ****203.75</b>  <b>A. Alan 3/31/97</b>

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:** William C. Gibb  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #