

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M97000000121

1. Entity Name

TRANSUS INTERMODAL, L.L.C.



Principal Place of Business

112 KROG STREET
SUITE 10
ATLANTA, GA 30307 US

Mailing Address

112 KROG STREET
SUITE 10
ATLANTA, GA 30307 US



03222006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2289483

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WINSHIP, BLANTON C
112 KROG ST STE 10
ATLANTA, GA 303072486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PRESSLEY, JAMES Z JR.
112 KROG ST STE 10
ATLANTA, GA 303072486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MALLORY, W. NEELY III
4294 SWINNEA ROAD
MEMPHIS, TN 38118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
TRANSUS, INC.
112 KROG ST STE 10
ATLANTA, GA 303072486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000482685
04/11/06 00084-015 50.00

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IN THIS SPACE**

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:

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

Date

Daytime Phone #

3/23/06 404/624/5531