

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90093 038 ****50.00

0045173

DOCUMENT # M99000000036

1. Entity Name

TRANSIT GROUP TRANSPORTATION, LLC



Principal Place of Business

1901 PHOENIX BLVD.
#210
ATLANTA GA 30349

Mailing Address

1901 PHOENIX BLVD.
#210
ATLANTA GA 30349

2. Principal Place of Business

7680 UNIVERSAL BLVD

3. Mailing Address

7680 UNIVERSAL BLVD

Suite, Apt. #, etc.

650

Suite, Apt. #, etc.

650

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

Country

32819-8900

USA

Zip

Country

32819-8900

USA

4. FEI Number

59-2426696

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required



CHECK HERE IF MAKING CHANGES

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELYEW, PHILIP A 1901 PHOENIX BLVD. #210 ATLANTA GA 30349 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALMON, JAMES 1901 PHOENIX BLVD. #210 ATLANTA GA 30349 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALMON, JAMES 7680 UNIVERSAL BLVD, STE 650 ORLANDO, FL 32819-8900 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I 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 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 REQUIRED

9 Apr 03

407-352-4017

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

Date

Daytime Phone #

CR2E083 (10/02)