

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 SEP 18 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000038546 1. Entity Name INDIGO TRANSPORTATION PARTNERS, LLC			
Principal Place of Business JEFFREY WATSON, C/O RUDEN MCCLOSKEY 701 BRICKELL AVENUE, STE 1900 MIAMI, FL 33131		Mailing Address JEFFREY WATSON, C/O RUDEN MCCLOSKEY 701 BRICKELL AVENUE, STE 1900 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 618 N. 24th Ave		3. Mailing Address 917 6th St.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Hollywood Fla.		City & State Washington DC	
Zip 32304		Zip 20001	
Country USA		Country USA	
4. FEI Number 02-0808544		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired \$5.00 Additional Fee Required		09122008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: _____		Date 9/17/08 Daytime Phone # 202/347-9151	