## 2001 UNIFORM BUSINESS REPORT-(UBR)

|   |   |  |  | $\neg$   |  |   |                         | 85              |
|---|---|--|--|--|--|---|-------------------------|-----------------|
| DOCUMENT # L0000012830  1. Entity Name YELLOW LLC |   |  |  |  | FILED  |   |                         |                 |
|   |   |  |  |  | 01 MAY 17 AM 9: 37   |   |                         |                 |
| Principal Plac<br>5604 N ATLA                     | e of Business<br>NTIC AVENUE  | NUE  | S TAI  | SECRETARY OF STATE TALLAHASSEE, FLORIDA            |  |   |                         |                 |
| COCOA BEAC  | CH FL 32931   | COCOA BEACH FL 329   | 31   |  | 88   18   18   18   18   18   18   18  | 88   81   118   118   118   118   118   118   118   118   118   118   118   118   118   118   118   118   118 |                         |                 |
| 2. Principal P                                    | lace of Business  |  |  |  |  |   |                         |                 |
| Suite, Apt. #, etc. S                             |   | Suite, Apt. #, etc.  | Suite, Apt. #, etc.  |  | . DO NOT WRITE IN THIS SPACE   |   |                         |                 |
| City & State                                      | 9   | City & State   | ity & State  |  | 4. FEI Number Applied For Not Applicable   |   |                         |                 |
| Zip Country                                       |   | Zip  | Zip Country  |  | 5. Certificate of Status Desired   |   |                         |                 |
|   | 6. Name and Address of Curre  | nt Registered Agent  |  | 7. Name  | and Address of New Registe   |   |                         | ]               |
|   |   | 1  | Name   |  |  |   |                         |                 |
| GREENE, JANICE<br>5604 N ATLANTIC AVENUE          |   |  | Street Addre   | Street Address (P.O. Box Number is Not Acceptable) |  |   |                         |                 |
| COCOA BEACH FL 32931                              |   |  |  |  |  |   |                         |                 |
|   | •   | •  | City   |  |  | FL Zip Code   | Э                       |                 |
| 8. The above                                      | named entity submits this statement   | t for the purpose of changing i  | ts registered office or regi   | stered agent, or                                   | both, in the State of Florida.   |   |                         |                 |
| SIGNATURE .                                       | Signature, typed or printed name of registered ag   | ent and title if applicable. (No   | OTE: Registered Agent signature req  | uired when reinstating                             | ) D/   | ATE   |                         |                 |
|   |   |  | IOWHLEEE IO 650  | 20-  | 50000442   | ngas.   |                         |                 |
|   |   |  | NOW!!! FEE IS \$50:0<br>Payable to Departmen   | I  | -06/14/01<br>****100.1   | 011160  | 312                     |                 |
| 9.  | MANAGING MEN  | MBERS/MEMBERS  | 10.  | · · · · · · · · · · · · · · · · · · ·              | ADDITIONS/CHAN   |   | 2.24.2.2                |                 |
| TITLE   | MGRM COEF   | ☐ Delete   | TITLE  |  |  | Change  | Addition                | CR2E083 (11/00) |
| NAME  | こくんくいしに インケア  | NE ME  | NAME   |  |  |   |                         | 3               |
| STREET ADDRESS<br>CITY+ST-ZIP                     | SGOUN ATLAN   | 5/1C 710E<br>FC 32931  | STREET ADDRESS<br>CITY-ST-ZIP  |  |  |   |                         | 8               |
| TITLE   | MCRM  | □ Dolote   | TITLE  |  | •  | ☐ Change  | Addition                | [꾡              |
| NAME  | MARTIN GREE   | NE   | NAME   |  |  |   |                         | -               |
| STREET ADDRESS                                    | MARTIN GREE<br>5604 N ATRAN<br>COCOA BEACH,   | TRC AUE  | STREET ADDRESS<br>. CITY-ST-ZIP  |  |  |   |                         |                 |
|   | COCOA ISEACH,   | 17C S≥93/<br>□ Delete  | TITLE  |  |  | ☐ Change  | Addition                | 1               |
| TITLE<br>NAME                                     |   | L. Delete  | NAME   |  |  |   | _                       |                 |
| STREET ADDRESS                                    |   |  | STREET ADDRESS   |  |  |   |                         |                 |
| CITY-ST-ZIP                                       |   |  | CITY-ST-ZIP  |  | · · · · · · · · · · · · · · · · · · ·  | ☐ Change  | ☐ Addition              | 1               |
| TITLE<br>NAME                                     |   | Delete   | TITLE ,<br>NAME  |  |  | ☐ Change  |                         |                 |
| STREET ADDRESS                                    |   |  | STREET ADDRESS   |  |  |   |                         | -               |
| CITY-ST-ZIP                                       |   |  | CITY-ST-ZIP  |  | · .  | ·   |                         | 1               |
| TITLE   | •   | ☐ Delete   | TITLE  |  |  | ☐ Change  | ☐ Addition              |                 |
| NAME<br>STREET ADDRESS                            |   |  | NAME<br>STREET ADDRESS   |  | •  |   |                         |                 |
| CITY-ST-ZIP                                       |   | <u> </u>   | CITY-ST-ZIP.   |  |  |   |                         | 1               |
| TITLE   |   | ☐ Defete   | TITLE  | }  |  | ☐ Change  | Addition                |                 |
| NAME -  | ,   |  | NAME<br>STREET ADDRESS   | l  |  |   |                         |                 |
| STREET ADDRESS                                    |   |  | CITY-ST-ZIP  |  | •  |   |                         |                 |
| 11. I hereby                                      | I<br>certify that the information supplied of<br>I on this report is true and accurate a<br>sbility company or the receiver or true | with this filing does not qualify<br>and that my signature shall have<br>stee amnowered to execute the | for the exemption stated in<br>the the same legal effect as<br>is report as required by Cl | n Section 119.03<br>if made under hapter 608. Flor | 7(3)(i), Florida Statutes. I furthe<br>bath; that I am a managing me<br>da Statutes. | r certify that the in<br>ember or manage  | nformation<br>er of the |                 |
| minico lia  | many company or are received of true  | J. F J. J. J. J. O.  |  |  |  |   |                         | 1               |

SIGNATURE:

4210

Daytime Phone #