

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90218 043 ****50.00

DOCUMENT # L00000012830					
1. Entity Name YELLOW LLC					
Principal Place of Business 5604 N ATLANTIC AVENUE COCOA BEACH, FL 32931			Mailing Address 5604 N ATLANTIC AVENUE COCOA BEACH, FL 32931		
2. Principal Place of Business 6500 N. Atlantic Avenue Suite, Apt. #, etc. Ste. B City & State Cape Canaveral, FL Zip 32920 Country USA		3. Mailing Address 6500 N. Atlantic Avenue Suite, Apt. #, etc. Ste. B City & State Cape Canaveral, FL Zip 32920 Country USA		20020371 	
4. FEI Number 59-3677253				01062006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GREENE, JANICE 5604 N ATLANTIC AVENUE COCOA BEACH, FL 32931			7. Name and Address of New Registered Agent Name <u>GREENE, JANICE</u> Street Address (P.O. Box Number is Not Acceptable) <u>6500 N. Atlantic Ave., Ste. B</u> City <u>Cape Canaveral</u> FL Zip Code <u>32920</u>		
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 <u>[Signature]</u> DATE <u>3/22/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENE, JANICE 5604 N ATLANTIC AVE COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENE, JANICE 6500 N. Atlantic Avenue, Ste. B Cape Canaveral, FL 32920	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENE, MARTIN 5604 N ATLANTIC AVE COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENE, MARTIN 6500 N. Atlantic Avenue, Ste. B Cape Canaveral, FL 32920	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>3/22/06</u> Daytime Phone # <u>(321) 799-0799</u>		