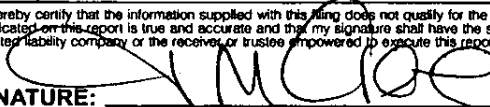


FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 23 AM 8: 25

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L00000012830		
1. Entity Name YELLOW LLC		
Principal Place of Business 6500 N ATLANTIC AVENUE STE 8 CAPE CANAVERAL, FL 32920		Mailing Address 6500 N ATLANTIC AVENUE STE 8 CAPE CANAVERAL, FL 32920
DO NOT WRITE IN THIS SPACE		
		01042008No Chg-LLC CR2E083 (12/07)
4. FEI Number 59-3677253		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent GREENE, JANICE 6500 N ATLANTIC AVENUE STE 8 CAPE CANAVERAL, FL 32920		DO NOT WRITE 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		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
400130101414 05/23/08--01007--011 **1348.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENE INTERNATIONAL DEVELOPMENT CORP 6500 N ATLANTIC AVE STE C CAPE CANAVERAL, FL 32920	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE 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: <u></u> 4/24/08 (321) 799-0799 SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		