

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/7
FILED
May 20, 2004 8:00 am
Secretary of State

04-28-2004 90078 021 ****50.00

DOCUMENT # L02000034736					
1. Entity Name AMERICA'S BUS SUPERSTORE TRADING, L.L.C.					
Principal Place of Business 1150 JETPORT DRIVE ORLANDO, FL 32809			Mailing Address 1150 JETPORT DRIVE ORLANDO, FL 32809		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04262004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 27-0039680				☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired				☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OLESEN, PREBEN 12634 VALENCIA DRIVE CLERMONT, FL 34711			7. Name and Address of New Registered Agent Name: <u>Olesen-Piebon</u> Street Address (P.O. Box Number is Not Acceptable): <u>1150 Jetport Drive</u> City: <u>ORLANDO</u> <u>FL</u> Zip Code: <u>32809</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> <u>Piebon Olesen</u> <u>4-26-04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLESEN, PREBEN 1150 JETPORT DRIVE ORLANDO, FL 32809	☒ Delete <u>OL</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POTTS, DON 1150 JETPORT DRIVE ORLANDO, FL 32809	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCALHANEY, HARDEE 1150 JETPORT DRIVE ORLANDO, FL 32809	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLESEN, STEVEN 1150 JETPORT DRIVE ORLANDO, FL 32809	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>[Signature]</u>			<u>Piebon Olesen</u> <u>4-26-04</u> <u>407-877-3991</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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