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Apr 05, 2004 8:00 am
Secretary of State
03-08-2004 90272 003 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000025450

1. Entity Name
YYC IMPORT/ EXPORT, LLC

Principal Place of Business	Mailing Address
11350 SPACE BLVD SUITE #3 ORLANDO, FL 32837 US	539 N MILLS AVE ORLANDO, FL 32803 US

[redacted]

02062004 Chg:LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
407-240-8800	3108 Turtle lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Orlando FL 32837
Zip / Country	Zip / Country

4. FEI Number 80-007-2690 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LIANG, AI XIN 11350 SPACE BLVD SUITE #3 ORLANDO, FL 32837	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: X Ai Xin Liang (Signature, typed or printed name of registered agent or officer signature) (NOTE: Registered Agent signature required on all reinstating) 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 LIANG, AI XIN 11350 SPACE BLVD SUITE #3 ORLANDO, FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM YU, DAVID BING 11350 SPACE BLVD SUITE #3 ORLANDO, FL 32837	☐ 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
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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: X Ai Xin Liang
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FEB-06-2004 09:27 AM CHRISTINE, CHEW 407 876 5930 P.01