

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028052

FILED
Apr 26, 2005
Secretary of State

Entity Name: YELLOW BUS TECHNOLOGIES, LLC

Current Principal Place of Business:

4990 SW 72 AVENUE
#108
MIAMI, FL 33155 US

New Principal Place of Business:

5860 SW 119 STREET
CORAL GABLES, FL 33156 US

Current Mailing Address:

4990 SW 72 AVENUE
#108
MIAMI, FL 33155 US

New Mailing Address:

5860 SW 119 STREET
CORAL GABLES, FL 33156 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

SMYRLES, COLETTE
5880 SW 91 STREET
PINECREST, FL 33156 US

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.

SIGNATURE: COLETTE SMYRLES

04/26/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CHINIGO, ANDREW M
Address: 5815 SW 45 TERRACE
City-St-Zip: MIAMI, FL 33155 US

Title: MGRM (X) Delete
Name: QUINONES, PETER J
Address: 5300 SW 63 AVENUE SOUTH
City-St-Zip: MIAMI, FL 33155 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHINIGO, ANDREW M
Address: 5860 SW 119 STREET
City-St-Zip: CORAL GABLES, FL 33156 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANDREW CHINIGO

MGRM

04/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date