


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000032264 1. Entity Name ORLANDO BUS SALES, LLC	
---	---

Principal Place of Business 3485 BOGGY CREEK ROAD KISSIMMEE, FL 34744 US	Mailing Address 539 N MILLS AVE ORLANDO, FL 32803 US
--	--

DO NOT WRITE IN THIS SPACE



02092007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-0180617	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WU, KUANG-LI
 3485 BOGGY CREEK ROAD
 KISSIMMEE, FL 34744

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WU, KUANG-LI 3485 BOGGY CREEK ROAD KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WU, LANA 3485 BOGGY CREEK ROAD KISSIMMEE, FL 34744
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	

U00000711930
 04/26/07-80026-021 50.00

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: X Lana Wu 4-12-07 407-908-2412
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #