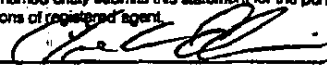


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN -7 AM 11:16

W206/11/04

DOCUMENT # L03000048605					
1. Entity Name AMERICA'S BUS SUPERSTORE OF SOUTH FLORIDA, LLC					
Principal Place of Business 4160 RAVENSWOOD ROAD FORT LAUDERDALE, FL 33312 US			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	4. FEI Number 04262004 Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OLESEN, PREBEN 12634 VALENCIA DRIVE CLERMONT, FL 34711			Name Olesen Preben		
			Street Address (P.O. Box Number is Not Acceptable)		
			1150 Jetport Drive		
			City Orlando FL Zip Code 32809		
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 		Preben Olesen		DATE 4-26-04	
Filing Fee is \$80.00 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	OLESEN Preben MGR ☐ Delete 1150 Jetport Drive ORLANDO FL 32809			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)(f), 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 		Preben Olesen		DATE 4-26-04 407-877-3991	