2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000040465

1. Entity Name

YELLOW OAKS AUTO TRANSPORT, LLC



Principal Plage of Business

4697 RIVÊR-ROAD LIVE OAK, FL 32060 US Mailing Address

4697 RIVER ROAD LIVE OAK, FL 32060

US

FILED Jun 19, 2008 8:00 am Secretary of State

06-19-2008 90089 002 ***138.75

50007270



 \Box

01052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1195583 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, TAMARA F 987 W BASE STREET MADISON, FL 32340

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			IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent. SIGNATURE Sonature, typed or proted name of registered agent and title 4 applicable. (NOTE: Registered.)			od office or registered agent, or both, in the State of Florida. It am familiar with, and accept CHOSOS If Agent signature required when renatiging) DATE	
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST+ZIP	MGR FAST, JOHN D 4697 RIVER ROAD LIVE OAK, FL 32060			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
THTLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				

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:

STREET ADDRESS CITY-ST-ZIP

h a Fast

JOHN D. FAST

1-9-08

386-658-2574

Daytime Phone #