

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000067485

FILED
Aug 18, 2008
Secretary of State**Entity Name:** OE SOURCE, L.C.**Current Principal Place of Business:**5422 CARRIER DRIVE
SUITE 309
ORLANDO, FL 32819**New Principal Place of Business:****Current Mailing Address:**5422 CARRIER DRIVE
SUITE 309
ORLANDO, FL 32819**New Mailing Address:****FEI Number:** 20-0945384**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VALLADAO, DAN
5422 CARRIER DRIVE
SUITE 309
ORLANDO, FL 32819 US**Name and Address of New Registered Agent:**CHRISTENSEN, HARRY
5422 CARRIER DRIVE
SUITE 309
ORLANDO, FL 32819 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: HARRY CHRISTENSEN

08/18/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: VANGUARD CAPITAL, LL, C
Address: 5422 CARRIER DRIVE #309
City-St-Zip: ORLANDO, FL 32801**Title:** MGR (X) Delete
Name: VALLADAO, DAN E MR
Address: 5422 CARRIER DRIVE #309
City-St-Zip: ORLANDO, FL 32819**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: GENERAL AUTOMOTIVE C, OMPANY
Address: 5422 CARRIER DRIVE #309
City-St-Zip: ORLANDO, FL 32819**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: HARRY CHRISTENSEN FOR MANAGER

CFO

08/18/2008

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