2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Aug 21, 2006 8:00 am Secretary of State **DOCUMENT #L05000114613** 1. Entity Name OSE FREIGHT L.L.C 08-21-2006 90128 002 ****50.00 Principal Place of Business Mailing Address 10635 JANE EYRE DR 10635 JANE EYRE DR ORLANDO, FL 32825 ORLANDO, FL 32825 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08162006 Chg-LLC CR2E083 (11/05) City & State City & State FEI Number 17 Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOPEZ, SERGIO Street Address (P.O. Box Number is Not Acceptable) 10635 JANE EYRE DR ORLANDO, FL 32825 City Zip Code 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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by September 6, 2006 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TILE ☐ Change ☐ Addition LOPEZ, SERGIO NAME NAME STREET ADDRESS 10635 JANE EYRE DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32825 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-709 TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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.

CICHATURE Sergion Copy

8/16/06 (407) 482-8696

FILED