2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED Mar 27, 2008 08:00 AN Secretary of State DOCUMENT # L06000000069 1. Fority Name YAEGER MANAGEMENT LLC Principal Place of Business Mailing Address 6 PLEASANT VIEW CIRCLE P O BOX 1089 DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32115-1089 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E083 (10/07) 1st MOORE City & State City & State 4. FEI Number Applied For **NO-T APPLICABLE** Not Applicable 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 YAEGER, TED E Street Address (P.O. Box Number is Not Acceptable) 404 SOUTH BEACH STREET #1202 DAYTONA BEACH FL 32114 City Z-o Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or ooth arrable State of Florida. I am familiar with, and accept the obligations of registered agent Signictiae, typed or pamed name of registered agent and their appropria (NOTE Registerus Asiantis gualest request filwhen remedaling) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES THE MGR ☐ Deleta __ Change Addition TITLE YAEGER, THEODORE E MD NAME NAME 04.**4100089#EEEEE**-023 138.75 STREET ADDRESS 6 PLEASANT VIEW CIRCLE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32118 OFFY-SE-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SE-Z:P ☐ Delete HILE Change ☐ Addition NAME NAME... STREET ADDRESS STREET AUDEESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET AUDRESS CITY-SI-ZIP CITY-ST-Z:P ☐ Delete TITLE Change Addition NAME STREET ADEMESS STREET AUDRESS CITY-ST ZIP CITY- SE-ZIP TITLE TITLE Delate ☐ Change ncitiobA 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST-ZIP

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 recort as required by Chapter 608, Florida Statutes

Date

Caythe Phares

SIGNATURE AND TYPED OR (RIDGED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE