

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086524

FILED
Jul 14, 2008
Secretary of State

Entity Name: YRVIEW, LLC

Current Principal Place of Business:

3001 NE 185TH ST
UNIT E 607
AVENTURADERDALE, FL 33180

New Principal Place of Business:

615 NE 22 STREET
UNIT 908
MIAMI, FL 33137

Current Mailing Address:

3001 NE 185TH ST
UNIT E 607
AVENTURADERDALE, FL 33180

New Mailing Address:

615 NE 22 STREET
UNIT 908
MIAMI, FL 33137

FEI Number: 20-5518254 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALVARADO, MANUEL AUGUSTO
5800 NE 22ND WAY UNIT 523
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

ALVARADO, MANUEL AUGUSTO
615 NE 22 STREET
MIAMI, FL 33137 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: MANUEL AUGUSTO ALVARADO

07/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALVARADO, MANUEL AUGUSTO
Address: 5800 NE 22ND WAY UNIT 523
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALVARADO, MANUEL AUGUSTO
Address: 615 NE 22 STREET
City-St-Zip: MIAMI, FL 33137

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: MANUEL AUGUSTO ALVARADO

MGRM

07/14/2008

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