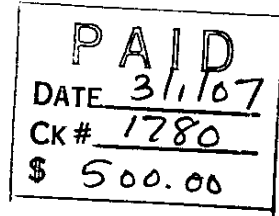



**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**



<b>DOCUMENT # A06000000008</b>	
1. Entity Name <b>YAHN PROPERTIES, LLLP</b>	

Principal Place of Business <b>1746 GREYSTONE COURT LONGWOOD FL 32779</b>	Mailing Address <b>1746 GREYSTONE COURT LONGWOOD FL 32779</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent <b>YAHN, MARK S 1746 GREYSTONE COURT LONGWOOD FL 32779</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	YAHN, MARK S	CITY ST ZIP	400095225054
STREET ADDRESS	1746 GREYSTONE COURT		02/29/07--01032--001 **700.00
CITY ST ZIP	LONGWOOD FL 32779		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	YAHN, LAURIE L	CITY ST ZIP	
STREET ADDRESS	1746 GREYSTONE COURT		
CITY ST ZIP	LONGWOOD FL 32779		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY ST ZIP	
STREET ADDRESS			
CITY ST ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY ST ZIP	
STREET ADDRESS			
CITY ST ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY ST ZIP	
STREET ADDRESS			
CITY ST ZIP			

**FILED**  
**2007 MAR 23 AM 9:45**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**  **2/5/07 407-804-2525**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #  
**407-804-1144**

STAPLE CHECK HERE