

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000003263

1. Entity Name
YELLOW WATER INVESTMENTS, LLC



Principal Place of Business
1200 RIVER PLACE BLVD., #902
JACKSONVILLE, FL 32207

Mailing Address
1200 RIVER PLACE BLVD., #902
JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE



02232005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3633231

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, BRIAN
1200 RIVER PLACE BLVD., #902
JACKSONVILLE, FL 32207

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LONGLEAF TIMBER COMPANY INC.
STREET ADDRESS	1200 RIVER PLACE BLVD., #902
CITY - ST - ZIP	JACKSONVILLE, FL 32207

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

1100000358619
05/04/05-80120-019 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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.

SIGNATURE: Brian C Brown V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/21/05 904-393-9020

Date

Daytime Phone #