

2008 LIMITED LIABILITY COMPANY

FILED Mar 27. 2008 08:00 AN

ANNUAL REPURT				- Will 21, 2000 00.00		
DOCUMENT # L0000007484 1. Entity Name YELLOW BUILDING LLC			Secretary of Sta			
Principal Place of Business 250 WORTH AVENUE PALM BEACH, FL 33480 PALM BEACH, FL 33480 PALM BEACH, FL 33480						
		· · · · · · · · · · · · · · · · · · ·				
DO NOT WRITE IN THIS SPA			CE.	02282008 No Chg-LLC		
L	O NOI WKIIE	IN THIS SPA		4. FEI Number 59-365660		Applied For Not Applicable
	•			5. Certificate of Status De		.00 Additional
	6. Name and Address of Current Re	egistered Agent				rtaquiieu
HANDELSMAN, BURTON 250 WORTH AVE. PALM BEACH, FL 33480			• • •	DO NOT	WRITE	
			,	IN THIS	SPACE	4 rd 2 4
					3	,
	Signature, typed or printed name of registered agent and E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	tille d'applicable (NOTE Registe	red Agent signature required		0ATE	-
	MANAGED HENGED	0.4444.0500		04/1	J000000871309 <u>09/08-80126</u> -	009 138.75
9. TITLE NAME	MANAGING MEMBER MGR HANDELSMAN, BURTON	5/MANAGERS	9.4	A Section of the second	er and the	
STREET ADDRESS CITY-ST-ZIP	250 WORTH AVENUE PALM BEACH, FL 33480		`	1	•	
TITLE NAME STREET ADDRESS			a	Property of the second		
CITY-ST-ZIP				The second of the by	•	
TITLE NAME STREET ADDRESS			· · · · · · · · · · · · · · · · · · ·	aghters, refer to		
CITY-ST-ZIP			-	DO NOT		, ,
NAME STREET ADDRESS CITY-ST-ZIP			, ,	IN THIS	SPACE	
TITLE NAME			- · · · · · · · · · · · · · · · · · · ·	the contract of	;	
STREET ADDRESS			1 .			

11. Thereby 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.

BUFTON Handelsman 3-6-08 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #