

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90112 026 \*\*\*\*50.00

6125270

**DOCUMENT # L01000006997**

1. Entity Name  
**THE YANKEE COMPANIES, LLC**



Principal Place of Business      Mailing Address

**THE CRYSTAL CENTER, STE 225  
2500 N. MILITARY TRAIL  
BOCA RATON FL 33431**

**THE CRYSTAL CENTER, STE 225  
2500 N. MILITARY TRAIL  
BOCA RATON FL 33431**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**59-3752068**       Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**LINDSEY, VANESSA H  
1941 S.E. 51ST TERRACE STE 7  
OCALA FL 34471**

**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. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>CALVO, WILLIAM A III</b>	
STREET ADDRESS	<b>1941 SE 51ST TERRACE</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>TUCKER, LEONARD M</b>	
STREET ADDRESS	<b>2500 N MILITARY TRAIL #225</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>LINDSEY, VANESSA</b>	
STREET ADDRESS	<b>5185 SE 20 STREET</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>DORNAN, KEVIN W</b>	
STREET ADDRESS	<b>6296 SE 20 STREET</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *[Handwritten Signature]* **SIGNATURE REQUIRED** *Managing member*      2/6/03      561-998-2025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)