

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90079 013 *****50.00

DOCUMENT # L01000007074

1. Entity Name

YANKEE ADVISORS L.L.C.



Principal Place of Business

**400 ALESIO AVE.
CORAL GABLES FL 33134**

Mailing Address

**400 ALESIO AVE.
CORAL GABLES FL 33134**

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 **91-2131054**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, ETHAN W
5300 FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD.
MIAMI FL 33134-2339**

7. Name and Address of New Registered Agent

Name **VAN DEN BRANDEN, SOFIA M**

Street Address (P.O. Box Number is Not Acceptable)

400 ALESIO AVE

City **CORAL GABLES**

FL

Zip Code **33134**

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

Sofia van den Branden
SOFIA M. VAN DEN BRANDEN

4-24-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **VAN DEN BRANDEN, YVES C**
STREET ADDRESS **400 ALESIO AVE.**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **MGR** ☒ Delete
NAME **MARK, RICHARD F**
STREET ADDRESS **17038 MIMOSA**
CITY-ST-ZIP **RANCHO SANTA FE CA 92067**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition
NAME **VAN DEN BRANDEN, VIVIANNE L.**
STREET ADDRESS **400 ALESIO AVE.**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **VAN DEN BRANDEN, YVES C**
STREET ADDRESS **400 ALESIO AVE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Yves C van den Branden
YVES C. VAN DEN BRANDEN MGRM

4-24-03

305-456-5749

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

Date

Daytime Phone #

CR2E083 (10/02)