

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000005694

1. Entity Name
YELLOW BIRD, LLC



Principal Place of Business 845 TROPICAL CIRCLE SARASOTA, FL 34242	Mailing Address 845 TROPICAL CIRCLE SARASOTA, FL 34242
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DO NOT WRITE IN THIS SPACE



01042005No Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0626869	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LASCELLE, PHILIP M
 845 TROPICAL CIRCLE
 SARASOTA, FL 34242

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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)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LASCELLE, PHILIP M 845 TROPICAL CIR SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/10/05-800688-016 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Philip M. Lascelle* *1/7/05*

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