


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000008110 1. Entity Name YANKEE TRAILER COURT, LLC	
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Principal Place of Business 3634 FREI RD. SEBASTOPOL, CA 95472	Mailing Address 3634 FREI RD. SEBASTOPOL, CA 95472
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DO NOT WRITE IN THIS SPACE



01302005No Chg-LLC CR2E083 (10/03)

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

6. Name and Address of Current Registered Agent FRISBIE, BRIAN A 646 NO. BEACH ST. #1 DAYTONA BEACH, FL 32114	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRISBIE, BILL R 3634 FREI RD SEBASTOPOL, CA 95472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRISBIE, BRIAN A 3634 FREI RD. SEBASTOPOL, CA 95472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHEETZ, DAVID G 3634 FREI RD. SEBASTOPOL, CA 95472
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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: *Bill R. Frisbie, BILL R. FRISBIE* **2/1/05** *(707) 823-6087*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #