2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: NAUS HAD VIPED ON PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE

Jan 27, 2004 8:00 am Secretary of State

01-27-2004 90019 017 ****50 00

| DOCUMENT # L02000014040 1. Entity Name YDG INVESTMENTS, LLC | | | | | | 01-27-2004 | 190019 (|)] / ***** | 50.00 |
|--|--|--|-----------------------|---------------------------------------|---|----------------------------------|---------------------------|-----------------|--|
| Principal Place 801 INTERNA LAKE MARY, I | TIONAL PARKWAY 5TH FLOOR | Mailing Address PO BOX 950489 LAKE MARY, FL 32795 | | | | , | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 01222004 | Chg-LLC | CR2E08 | 83 (10/03) | |
| City & State | | City & State | | | 4. FEI Numb | | | | plied For t Applicable |
| Zip | Country | Zip | Count | ry | 5. Certificate of Status Desired \$5.00 Addition Fee Required | | | | |
| ₹ښنګنسته سد ۳ | 6. Name and Address of Current | Registered Agent | | <u> </u> | -7. Name and | Address of New R | egistered A | gent ==== | <u>- </u> |
| KELLIE E. 801 INTER | ORD-TOMEO LAW GROUP, F TOMEO, ESQ. RNATIONAL PARKWAY 5TH F | | ļ | Name Street Address | (P.O. Box Numb | er is Not Acceptable | e) | | |
| LAKE MAF | RY, FL 32746 | | | City | - | | FL | Zip Code | |
| | | | | | | | | | |
| | named entity submits this statement for ions of registered agent. | or the purpose of changing its | registere | d office or registe | ered agent, or bo | oth, in the State of Flo | orida. I am f | amiliar with, | and accept |
| CONTRACT | , . | | | | • | | | | |
| SIGNATURE. | Signature, typed or printed name of registered agent | and title if applicable. , (NOT | E: Registered | Agent signature require | ed when reinstating) | | DATE | 5 4 1 . | 1.01 N |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | | | | e check pa Departme | ayable to ent of State | | |
| 9. | MANAGING MEMBI | ERS/MANAGERS | 10. | | | ADDITIONS | CHANGES | | |
| TITLE ' | | | TITLE | | | | | Change | Addition |
| NAME | * | | NAME | | | • | | | |
| STREET ADDRESS CITY-ST-ZIP | 3231 RÉGAL CREST DRIVE LONGWOOD, FL 32779 | | | T ADDRESS ST-ZIP | | | | | |
| TITLE | 2011011000,12 02110 | Delete | TITLE | | | | | ☐ Change | Addition |
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| STREET ADDRESS | | | | ET ADDRESS | | | | | |
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| - | | | TITLE | | | • | - | ☐ Change | ☐ Addition |
| TITLE , NAME | • | ☐ Oelete | NAME | 1 | | | | C. Change | Audition |
| STREET ADDRESS | | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | | CITY- | ST-ZIP | | | | | |
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| NAME CYDEET ADDOCSO | the service | | NAME | I | | | - | | |
| STREET ADDRESS CITY-ST-ZIP | \$-1" ,i "". | | | ET ADDRESS -ST-ZIP | | | • , • | • | |
| | certify that the information supplied wit | th this filing does not qualify for | | | Section 119 07/3 | (i) Florida Statutes | Literather cert | tify that the i | nformation |
| indicated limited lia | certify that the information supplied wit ton this report is true and accurate and ability company or the receiver or truste | d that my signature shall have se empowered to execute this | the same report as | legal effect as if required by Cha | made under oat pter 608, Florida | h; that I am a mana Statutes. | ging membe | er or manage | er of the |