2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2004
Secretary of State

DOCUMENT# L02000021598

Entity Name: HOUSE OF YORK, LLC

Current Principal Place of Business:

2495 SOUTHEAST PASCAL AVENUE
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

1592 SE NIEMEYER CIRCLE
PORT ST. LUCIE, FL 34952

Current Mailing Address:

2495 SOUTHEAST PASCAL AVENUE
PORT ST. LUCIE, FL 34952

New Mailing Address:

1592 SE NIEMEYER CIRCLE
PORT ST. LUCIE, FL 34952

FEI Number: 02-0638947 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: ADAMS, MICHAEL D
Address: 2495 SE PASXAL AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ADAMS, MICHAEL D LORD
Address: 2495 SE PASCAL AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: MGR ( ) Change (X) Addition
Name: WALKER, STEVEN MR
Address: 1592 SE NIEMEYER CIRCLE
City-St-Zip: PORT ST.LUCIE, FL 34952 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL D. ADAMS MGR 04/08/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date