

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031400

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: YELLOW PARK OF MARGATE, LLC

**Current Principal Place of Business:**

3801 SW 47TH AVE  
503  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

3801 SW 47TH AVE  
503  
DAVIE, FL 33314

**New Mailing Address:**

FEI Number: 04-3747400      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ESQUILINO, JOHN  
3801 SW 47TH AVE, SUITE 503  
DAVIE, FL 33314 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: ESQUILINO, JOHN MR  
Address: 3801 SW 47TH AVE, SUITE 503  
City-St-Zip: DAVIE, FL 33314 US

Title: MGR ( ) Delete  
Name: ESQUILINO, LUCY K MRS  
Address: 3801 SW 47TH AVE, SUITE 503  
City-St-Zip: DAVIE, FL 33314 US

Title: MGR ( ) Delete  
Name: MARCONDES, MELISSA E MRS.  
Address: 3801 SW 47TH AVE # 503  
City-St-Zip: DAVIE, FL 33314 US

Title: MGR ( ) Delete  
Name: MARCONDES, GIL MR  
Address: 3801 SW 47TH AVE, SUITE 503  
City-St-Zip: DAVIE, FL 33314 US

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: MARCONDES, MELISSA E MRS.  
Address: 3801 SW 47TH AVE # 503  
City-St-Zip: DAVIE, FL 33314 US

Title: MGRM (X) Change ( ) Addition  
Name: MARCONDES, GIL MR  
Address: 3801 SW 47TH AVE, SUITE 503  
City-St-Zip: DAVIE, FL 33314 US

Title: MGRM ( ) Change (X) Addition  
Name: PARIS, MARCELO MR  
Address: 3801 SW 47TH AVE, SUITE 503  
City-St-Zip: DAVIE, FL 33314 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARCELO PARIS

MGRM

01/27/2009

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