LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000033545

1. Entity Name

Yester Jastreso XXXVIII, LLC



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SECRETARY OF STATE

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D	O NOT WRITE				
2. Principal Place of Business 3020 Hart Ey Rd Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State				4. FEI Number 388 7375	Applied For Not Applicable
		Country	5. Certificate of Status Desired	. CE OO	
<u> </u>	<u>usa</u>	1 1 C PAC		7. Name and Address of Current Regis	
IN THIS SPACE				actsonume, FL	A. Swife. 300 32357 FL Zip Code
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 prifted name of registered agent and little if applicable.					
FEE IS \$50.00 Make Check Payable to Florida Department of State 11/03 017 ** 55.00 DUE BY MAY 12 MANAGING MEMBERS/MANAGERS					
	mer ROOD, JOHN D. 3020 Howrely Rook Facks mulle, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP		CR2E083B (12/02)
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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)(i), 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 each; 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-21-03

Daytime Phone #