


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90174 003 \*\*\*\*50.00

**DOCUMENT # L03000008563**

1. Entity Name  
 50 SOUTH YONGE, LLC



Principal Place of Business  
 8 WATERFRONT COURT  
 ORMOND BEACH, FL 32174

Mailing Address  
 8 WATERFRONT COURT  
 ORMOND BEACH, FL 32174

**DO NOT WRITE IN THIS SPACE**

40110000



04302007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0796820	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent...

HENDRIX, RANDALL L  
 8 WATERFRONT COURT  
 ORMOND BEACH, FL 32174

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HENDRIX, RANDALL L 8 WATERFRONT CT ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HENDRIX LOEA 8 WATERFRONT CT ORMOND BEACH, FL 32174
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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Randall L Hendrix* **RANDALL L HENDRIX** 4-30-07 386-451-4018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #