


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90195 002 ****50.00

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|--|---|--|---|---|--|
| DOCUMENT # L03000016194 | | | |  | |
| 1. Entity Name YELLOW BLUFF HIDEAWAY, LLC | | | | | |
| Principal Place of Business 9471 BAYMEADOWS ROAD SUITE 403 JACKSONVILLE, FL 32256 US | | | Mailing Address 9471 BAYMEADOWS ROAD SUITE 403 JACKSONVILLE, FL 32256 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 02082004 Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number 20-0182520 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| YOUNG, JAMES R 9471 BAYMEADOWS ROAD SUITE 403 JACKSONVILLE, FL 32256 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM YOUNG LAND GROUP, INC. 9471 BAYMEADOWS ROAD, SUITE 403 JACKSONVILLE, FL 32256 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | YOUNG LAND GROUP, INC. 9471 BAYMEADOWS ROAD, SUITE 403 JACKSONVILLE, FL 32256 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | YOUNG LAND GROUP, INC. 9471 BAYMEADOWS ROAD, SUITE 403 JACKSONVILLE, FL 32256 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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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 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: <i>James R Young</i> | | <i>2-20-04</i> | | <i>(904) 731-9452</i> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | <small>Date</small> | | <small>Daytime Phone</small> | |

James R Young, President
Young Land Group, Inc MGRM