2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 16, 2004 8:00 am Secretary of State **DOCUMENT # L03000019652** 1. Entity Name 04-16-2004 90416 026 ****50 00 YELLOW DOG PROPERTIES, LLC Principal Place of Business Mailing Address 13304 GOLF GREDT CIRCLE CREST CIR 13304 GOLF EDEDT CIRCLE CREST CIR TAMPA, FL 33624 33618-8618 TAMPA, FL 33624 33618-8618 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 86-1068819 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PUROL, STANLEY T Street Address (P.O. Box Number is Not Acceptable) 13304 GOLF GREDT CIRL TAMPA, FL 39624 33618 - 8618 Zip Code 8. The above named entity submite this statement for the purpose of changing it I am familiar with, and accept the obligations of registered agent. SIGNATURE STANLEY T PUROL Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE i garanta PUROL, PAMELA J NAME NAME STREET ADORESS 13304 GOLF BREDT CIRCLE CREE STREET ADDRESS GOLF CREST CIR CITY-ST-ZIP TAMPA, FL 33624 CITY-ST-ZIP 33618-8618 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIDE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-7P CITY-ST-7IP ☐ Delete - Change - Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 11. I hereby certify that the information sopplied 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 trastee employers to execute this report as required by Chapter 608, Florida Statutes. STANLEY T.

ENING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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