## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000020157

## FILED Apr 19, 2007 8:00 am Secretary of State 04-19-2007 90029 036 \*\*\*\*50.00

YZ PARTNERS, LLC					400.10				
Principal Place of Business 19700 S.E. MACK DAIRY RD. JUPITER, FL 33478		Mailing Address 19700 S.E. MACK DAIRY RD. JUPITER, FL 33478					11 <b>481 8</b> (()) 1 <b>82</b> 2		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04022007	Chg-LLC	CR2E083	3 (12/06)		
City & State		City & State		4. FEI Num 62-16				plied For t Applicable	
Zip	Country	Zip	Country		e of Status Desired		5.00 Add e Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
WEISE, THEODORE L			Name WE	Name WEISE, THEODORE L					
2392 APPALOOSA TRAIL WELLINGTON, FL 33414			Street Addr	ess (P.O. Box Num	ber is Not Acceptabl	e)			
WELLINGTON, FE 33414			197	'00 S.E. MACK	DAIRY RD.				
			City JU	PITER		FL	Zip Code	33478	
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								and accept	
the obligations of registered agent.  MANAHM  THEODORE L. WEISE PARSNER 4-11-07									
SIGNATURE	Signature, typed or printed name of registered agent,	and title if applicable. (NOTE: F	legistered Agent signature r	equired when reinstating)		DATE		<u></u>	
Filing Fee is \$50.00 Due by May 1, 2007					I .	ke check pay a Departmer		•	
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS	/CHANGES			
TITLE NAME	MGR	2000		GR EISE, THEOD(	DDE I	[	XI Change	☐ Addition	
STREET ADDRESS	•		l t	1700 S.E. MACI					
CITY-ST-ZIP	WELLINGTON, FL 33414		A	IPITER, FL 33					
TITLE NAME				GR	vī		X Change	☐ Addition	
STREET ADDRESS				EISE, SHAROI 1700 S.E. MAC					
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY OF ZIO	JPITER, FL 33					
TITLE NAME		☐ Delete	TITLE NAME			(	Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			[	Change	☐ Addition	
NAME STREET ADDRESS									
CITY-ST-ZIP			NAME STREET ADDRESS						
GIT-SI-ZIP			NAME STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	STREET ADDRESS CITY-ST-ZIP			[	Change	Addition	
TITLE NAME		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME			[	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					_	

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 mem limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: THEU POINTE L. WE SIGNATURE and TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE 561-745-4144 THEUDONE L. WEISE 4-11-07