

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037350

Entity Name: THE Y'ALLTA GROUP, LLC

FILED
Jan 23, 2007
Secretary of State

Current Principal Place of Business:

3418 DEER LANE DR.
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

3418 DEER LANE DR.
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 90-0109935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINES, V. EARL
3418 DEER LANE DR.
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHOENFISCH, WARREN H
Address: 3600 MOSS POINT RD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM () Delete
Name: LINES, V. EARL
Address: 3418 DEER LANE DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM () Delete
Name: WILLIAMS, JOHNNY C
Address: 3659 HOMESTEAD RD.
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGNR (X) Change () Addition
Name: WILLIAMS, JOHNNY C
Address: 3659 HOMESTEAD RD.
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: V. EARL LINES

MGNR

01/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date