2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L03000037350

Entity Name: THE Y'ALLTA GROUP, LLC

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

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	SCHOENFISCH, WARREN H	
Address:	278 ROSEHILL DR E	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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 MR. 01/15/2009

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