FILED
Mar 30, 2004 8:00 am
Secretary of State

03-10-2004 90189 025 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000040629

1. Entity Name
YELLOW COURTYARD, LLC

Principal Place of Business	Mailing Address
2875 N.E. 191ST ST., STE. 400 AVENTURA, FL 33180	2875 N.E. 191ST ST., STE. 400 AVENTURA, FL 33180

01272004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0357823 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~STEARNS WEAVER MILLER, ET AL~~ Papadakis, Joan
~~C/O RICHARD E. SCHATZ, ESQ~~ 2875 N.E. 191st Street
~~150 W. FLAGLER ST., STE. 2200~~ Suite 400
~~MIAMI, FL 33130~~ Aventura FL 33180

7. Name and Address of New Registered Agent

Name Papadakis, Joan
Street Address (P.O. Box Number is Not Acceptable) 2875 N.E. 191st Street
Suite 400
City Aventura FL Zip Code 33180

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 Joan Papadakis JOAN PAPADAKIS 3/2/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	Gordon, Jason 2875 N.E. 191st Street Suite 400 Aventura FL 33180 Managing Member ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Joan Papadakis JOAN PAPADAKIS 3/2/04 ~~954~~ 305 370-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #