## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT\_\_\_\_\_

## **DOCUMENT # L03000041718**

1. Entity Name

EAST YARD PARTNERS, LLC



**FILED** Feb 04, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1601 SW 20TH STREET FORT LAUDERDALE, FL 33315 US

1601 SW 20TH STREET FORT LAUDERDALE, FL 33315

US



## DO NOT WRITE IN THIS SPACE

01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 75-3138507

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, DAVID G 1401 EAST BROWARD BLVD, STE 200 FORT LAUDERDALE, FL 33301

|                     | · · · · · · · · · · · · · · · · · · ·  | IN THIS SPACE  |
|---------------------|--|--|
|                     |  | • .  |
|                     | named entity submits this statement for the purpose of chains of registered agent. | anging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE.          |  |  |
|                     | Signature, typed or printed name of registered agent and title if applicable       | (NOTE: Registered Agent signature required when reinstalung) . DATE  |
| . FILE<br>After May | NOW!!! FEE IS \$138.75<br>71, 2008 Fee will be \$538.75                            |  |
| 9.                  | MANAGING MEMBERS/MANAGERS  |  |
| TITLE               | MGR  |  |
| NAME                | PASSEN ENTERPRISES, LLC  |  |
| STREET ADDRESS      | 2001 S.W. 20TH ST.   |  |
| CITY-ST-ZIP         | FORT LAUDÉRDALE, FL 33315  |  |
| TITLE               |  | U00000815467   |
| NAME                |  | 02/14/08-80010-014 138.75  |
| STREET ADDRESS      |  | 02714700=30910=014 158.f5  |
| CITY+ST-ZIP         |  | ·  |
| TITLE               |  |  |
| NAME                |  |  |
| STREET ADDRESS      |  | DO NOT WRITE   |
| CITY-ST-ZIP         |  | DO NOT MULLE   |
| TITLE               |  | IN THIS SPACE  |
| NAME                |  | IN THIS SPACE  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> PED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE SIGNATURE AND

954-713-0341

Davima Phone #