

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003038

FILED
May 30, 2005
Secretary of State

Entity Name: YADROV RESIDENTIAL PROPERTIES, LLC

Current Principal Place of Business:

7990 BAYMEADOWS ROAD, EAST
UNIT 2302
JACKSONVILLE, FL 32256

New Principal Place of Business:

7990 BAYMEADOWS ROAD, EAST
UNIT 202
JACKSONVILLE, FL 32256

Current Mailing Address:

P.O. BOX 550744
JACKSONVILLE, FL 322550744 US

New Mailing Address:

FEI Number: 20-0466814 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VASQUEZ, ORLANDO
7990 BAYMEADOWS ROAD, EAST
UNIT 2302
JACKSONVILLE, FL 322550744 US

Name and Address of New Registered Agent:

VASQUEZ, ORLANDO
7990 BAYMEADOWS ROAD, EAST
UNIT 202
JACKSONVILLE, FL 322550744 US

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:

05/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: VASQUEZ, ORLANDO
Address: P.O. BOX 550744
City-St-Zip: JACKSONVILLE, FL 322550744 US

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: VASQUEZ, ORLANDO
Address: P.O. BOX 550744
City-St-Zip: JACKSONVILLE, FL 322550744 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ORLANDO VASQUEZ

PRES

05/30/2005

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