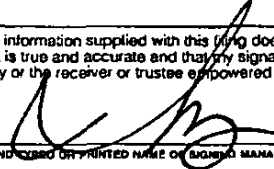


FILED
Apr 01, 2005 8:00 am
Secretary of State

03-07-2005 90059 015 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000014764			
1. Entity Name YALE MARIANNA, LLC			
Principal Place of Business 501 WASHINGTON AVENUE PLEASANTVILLE, NY 10570		Mailing Address 501 WASHINGTON AVENUE PLEASANTVILLE, NY 10570	
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 20-0868952		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301	
7. Name and Address of New Registered Agent		Name	
Street Address (P.O. Box Number is Not Acceptable)		City	
FL		Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PAPRIN, YALE I 501 WASHINGTON AVENUE PLEASANTVILLE, NY 10570 ☐ 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
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 under 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 I signed it 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 808, Florida Statutes.			
SIGNATURE: 		Managing Member 2/23/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	