## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000014764

1. Entity Name
YALE MARIANNA, LLC

FILED
May 17, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

501 WASHINGTON AVENUE PLEASANTVILLE, NY 10570

501 WASHINGTON AVENUE PLEASANTVILLE, NY 10570



DO NOT WRITE IN THIS SPACE

4. FEI Number	 Applied For	_
20-0868952	Not Applicabl	e
	\$5.00 Additional	_

5. Certificate of Status Desired

Fee Required

Daytime Phone #

NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301

SIGNATURE AND TYPED OF

6. Name and Address of Current Registered Agent

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan ions of registered agent.	ging its registered affice or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and little if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
Fi D	lling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAPRIN, YALE 1 501 WASHINGTON AVENUE PLEASANTVILLE, NY 10570	,	U00000764463 05/30/07-80063-015 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
THLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
THE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 least a first and one oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report is a first and statutes.				