2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

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

DOCUMENT # L04000045401

1. Entity Name

YORK LANE PROPERTIES, LLC

Principal Place of Business _226 13th Ave N.E._

~~ST. PETERSBURG FL~~
US   _33701_

Mailing Address

20059726

1st MOORE   CR2E083 (10/04)

2. Principal Place of Business _1206 Oak St. N.E._	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State _St. Pete Fl_	City & State	4. FEI Number _33-1094662_		☐ Applied For / ☐ Not Applicable
Zip _33701_ Country _Pinellas_	Zip Country	5. Certificate of Status Desired ☐	$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRAUMLICH, STEPHEN L ~~1006 90th Street North~~ _261 7th Ave N._ ST. PETERSBURG FL 33710 _S.P. 33701_	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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAUMLICH, STEPHEN L ~~1006 90th Street North~~ _261 7th Ave N._ ST. PETERSBURG FL ~~33710~~ _33701_	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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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: _____   _5-13-5_   _727-854-4158_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #