2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Feb 24, 2005 8:00 am **Secretary of State** DOCUMENT # L04000056943 1. Entity Name 02-24-2005 90108 030 ***150.00 Y&N PROPERTIES, LLC Principal Place of Business Mailing Address 10652 MULRANY GLEN COURT 10652 MULRANY GLEN COURT TAILTAN JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State Applied For 4. FEI Number 20-1438167 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANGWAN, NEERA 10652 MULRANY GLEN COURT Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32256 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE **MGRM** ☐ Delete TITLE ☐ Change ☐ Addition NAME SANGWAN, NEERA NAME STREET ADDRESS 10652 MULRANY GLEN COURT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SANGWAN, YASH P NAME 10652 MULRANY GLEN COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

(904)363-1626 SIGNATURE: Stylvan Neeva Sanguan ING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE

11. I hereby certify that the information supplied with this filling 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.