

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060255

FILED
Apr 27, 2007
Secretary of State

Entity Name: YELLOW SQUARE PROPERTIES LLC

Current Principal Place of Business:

19397 SW 65TH STREET
FT LAUDERDALE, FL 33322

New Principal Place of Business:

19397 SW 65TH STREET
FT LAUDERDALE, FL 33332

Current Mailing Address:

19397 SW 65TH STREET
FT LAUDERDALE, FL 33322

New Mailing Address:

19397 SW 65TH STREET
FT LAUDERDALE, FL 33332

FEI Number: 20-1512446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

XIDIS, PETER
19397 SW 65TH ST.
FT LAUDERDALE, FL 33322 US

Name and Address of New Registered Agent:

XIDIS, PETER
19397 SW 65TH ST.
FT LAUDERDALE, FL 33332 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:

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: XIDIS, PANAGIOTIS
Address: 19397 SW 65TH ST.
City-St-Zip: FT LAUDERDALE, FL 33322

Title: MGRM () Delete
Name: XIDIS, PENELOPE
Address: 19397 SW 65TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33332 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: XIDIS, PANAGIOTIS
Address: 19397 SW 65TH ST.
City-St-Zip: FT LAUDERDALE, FL 33332

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PENELOPE XIDIS

MGRM

04/27/2007

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