

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061961

Entity Name: YIPPI KY YAY LLC

FILED
Apr 18, 2008
Secretary of State

Current Principal Place of Business:

1240 COCONUT DRIVE
FT. MYERS, FL 33908 US

New Principal Place of Business:

2121 MCGREGOR BLVD
UNIT 1
FT. MYERS, FL 33902 US

Current Mailing Address:

1240 COCONUT DRIVE
FT. MYERS, FL 33908

New Mailing Address:

2121 MCGREGOR BLVD
UNIT 1
FT. MYERS, FL 33902 US

FEI Number: 20-1544253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLASP INC.
3001 TAMIAMI TRAIL N.
4TH FLOOR
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROBERTSON, SCOTT
Address: 1240 COCONUT DRIVE
City-St-Zip: FT. MYERS, FL 33908

Title: MGR () Delete
Name: ROBERTSON, LESLEY
Address: 1240 COCONUT DRIVE
City-St-Zip: FT. MYERS, FL 33908

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROBERTSON, SCOTT
Address: 2121 MCGREGOR BLVD, UNIT 1
City-St-Zip: FT. MYERS, FL 33902 US

Title: MGR (X) Change () Addition
Name: ROBERTSON, LESLEY
Address: 2121 MCGREGOR BLVD, UNIT 1
City-St-Zip: FT. MYERS, FL 33902 US

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: SCOTT D ROBERTSON

MGR

04/18/2008

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