


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000085606**

1. Entity Name  
**YESSG I, LLC**



Principal Place of Business  
**25 SE 2 AVE, STE 1120  
 MIAMI, FL 33131**

Mailing Address  
**25 SE 2 AVE, STE 1120  
 MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**



04292008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-2338082</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GRAGG, K. LAWRENCE  
 200 S. BISCAYNE BLVD., STE. 4900  
 MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000941874  
 05/28/08-80122-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM COHEN, ELEANOR 25 SE 2 AVE, STE 1120 MIAMI, FL 33131</b>
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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 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:** *Eleanor Cohen*      **ELEANOR COHEN**      **05.29.08**      **305 379 7674**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #