

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090046

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: YELLOW BLUFF DEVELOPMENT, LLC

**Current Principal Place of Business:**

9471 BAYMEADOWS ROAD #403  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

3020 HARTLEY ROAD  
SUITE 100  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 20-2033591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YOUNG, JAMES R  
9471 BAYMEADOWS ROAD #403  
JACKSONVILLE, FL 32256 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: MBR ( ) Delete  
Name: NORTH MAIN STREET PA, RNTERS INC  
Address: 9471 BAYMEADOWS ROAD #403  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MBR ( ) Delete  
Name: LENNAR HOMES INC,  
Address: 700 NW 107 STREET  
City-St-Zip: MIAMI, FL 33172 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NORTH MAIN STREET PA, RNTERS INC  
Address: 9471 BAYMEADOWS ROAD #403  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGRM (X) Change ( ) Addition  
Name: LENNAR HOMES LLC,  
Address: 700 NW 107 STREET  
City-St-Zip: MIAMI, FL 33172 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LENNAR HOMES, LLC

MGRM

04/24/2007

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