2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 13, 2008 8:00 am Secretary of State DOCUMENT # L05000001824 02-13-2008 90063 021 ***143.75 YRP REAL ESTATE MANAGEMENT, LLC Principal Place of Business Mailing Address 60007830 123 DATE PALM DRIVE 3878 PROSPECT AVENUE LAKE PARK, FL 33403 SUITE #23 RIVIERA BEACH, FL 33404 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 05-0616220 Not Applicable Country Zip Country Zip \$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 KAY, HENRY LESQ Street Address (P.O. Box Number is Not Acceptable) KAYE LAW FIRM 325 11TH STREET WEST PALM BEACH, FL 33401 Zip Code City 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, typed or printed name of registered agent and title if applicable Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES 9. TITLE MGRM ☐ Delete TITLE Change Addition PROVO, WAYNE NAME NAME 123 DATE PALM DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE PARK, FL 33403 CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THTLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME

STREET ADDRESS

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 truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

NATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP

FILED