2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000028956

1. Entity Name

YTC PROFESSIONAL PARK, LLC



FILED May 05, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

15167 U.S. HIGHWAY 331 SOUTH FREEPORT, FL 32439 1860 MIDTOWN DRIVE COLUMBUS, GA 31906



DO NOT WRITE IN THIS SPACE

04302008 No Chg-LLC

4. FEI Number Applied For 20-2675852 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (12/07)

6. Name and Address of Current Registered Agent

BURKE, M. TODD ESQ 215 GRAND BOULEVARD STE 101 DESTIN, FL 32550

DO NOT WRITE IN THIS SPACE

	The above named entity submits this statement for the purpose of chan the obligations of registered agent.	nging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept	
SIGNATURE				
	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE	

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

9. MANAGING MEMBERS/N		MANAGING MEMBERS/MANAGERS
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COPELAN, GEORGE 194 LINDA LANE PINE MOUNTAIN, GA 31822
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YARBROUGH, ROBERT 1860 MIDTOWN DRIVE COLUMBUS, GA 31906
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000946434 05/30/08-80049-004 138.75

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this tring does not quality 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 frustee empowered to execute this report of required by Chapter 608, Florida Statutes.

SIGNATURE: V_X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHOLIZED REPRESENTATIVE

5 ra

Daytime Phone #