2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# L05000038205

Entity Name: YES I LLC

Current Principal Place of Business:

350 WEST ENID DRIVE
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

200 CRANDON BLVD
203
KEY BISCAYNE, FL 33149 US

Current Mailing Address:

350 WEST ENID DRIVE
KEY BISCAYNE, FL 33149 US

New Mailing Address:

200 CRANDON BLVD
203
KEY BISCAYNE, FL 33149 US

FEI Number: 51-0544086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOCCARDI, ANDREA
350 WEST ENID DRIVE
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

BOCCARDI, ANDREA
200 CRANDON BLVD
203
KEY BISCAYNE, FL 33149 US

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: _____ 01/21/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BOCCARDI, ANDREA
Address: 350 WEST ENID DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: MGRM (X) Delete
Name: PERIN, ARRIGO
Address: P.TTA GUASTALLA 5
City-St-Zip: MILAN, IT 20122 IT

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PERIN, ARRIGO
Address: P.TTA GUASTALLA 5
City-St-Zip: MILAN, IT 20122 IT

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ANDREA BOCCARDI RA 01/21/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date