### <sup>2</sup>2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L05000049396

1. Entity Name
YLC REALTY, L.L.C.



FILED
Jan 16, 2007 08:00 AN
Secretary of State

Principal Place of Business

17407 BRIDGE HILL CT

UNIT A TAMPA, FL 33647 Mailing Address

17407 BRIDGE HILL CT

UNIT A

DO NOT WRITE IN THIS SPACE

TAMPA, FL 33647



01102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 38-3722456 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CITTY, CAROL L 17407 BRIDGE HILL CT UNIT A TAMPA, FL 33647

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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

Signature, typed or printed name of registered agent and little if applicable

(NOTE Registered Agent signature required when reinstating)

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#### Filing Fee is \$50.00 Due by May 1, 2007

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9.	MÁNAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YALE, STEVEN R 17407 BRIDGE HILL CT. UNIT A TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WAISMAN, MARINA F 17407 BRIDGE HILL CT. UNIT A TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIF	MGR LEWIS, ALAN 17407 BRIDGE HILL CT. UNIT A TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CITTY, CAROL 17407 BRIDGE HILL CT. UNIT A TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	

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## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 required or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

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

10/07

Date

Davime Phone #