

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050364

FILED  
Sep 05, 2007  
Secretary of State

**Entity Name:** YBECK INVESTMENTS AND DEVELOPMENT, LLC

**Current Principal Place of Business:**

692 LAKE ASBURY DRIVE  
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 30751  
DOCTORS INLET, FL 32030

**New Mailing Address:**

FEI Number: 20-5818479      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

BECK, YVONNE  
692 LAKE ASBURY DRIVE  
GREEN COVE SPRINGS, FL 32043      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BECK, YVONNE  
Address: P.O. BOX 30751  
City-St-Zip: DOCTORS INLET, FL 32030

Title: MGRM      (X) Delete  
Name: LEWIS, VAN JR.  
Address: P.O. BOX 30751  
City-St-Zip: DOCTORS INLET, FL 32030

**ADDITIONS/CHANGES:**

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

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: YVONNE BECK

MGR

09/05/2007

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