

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057067

Entity Name: YES-HOMES, LLC

FILED
Jan 08, 2008
Secretary of State

Current Principal Place of Business:

6400 FOURTH STREET NORTH
ST. PETERSBURG, FL 33702

New Principal Place of Business:

330 BEACH DRIVE, NE
ST. PETERSBURG, FL 33701

Current Mailing Address:

6400 FOURTH STREET NORTH
ST. PETERSBURG, FL 33702

New Mailing Address:

4908 62ND AVE SOUTH
ST. PETERSBURG, FL 33715

FEI Number: 20-4255132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGUIRE, PATRICK T
1253 PARK STREET
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: ELLIS, MARIAN YON
Address: 6400 FOURTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: MGRM () Delete
Name: SANDERFORD, RHONDA
Address: 6400 4TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33702

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ELLIS, MARIAN YON
Address: 128 BAY POINT DRIVE
City-St-Zip: ST. PETERSBURG, FL 33704

Title: MGRM (X) Change () Addition
Name: SANDERFORD, RHONDA
Address: 4908 62ND AVE SOUTH
City-St-Zip: ST PETERSBURG, FL 33715

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: RHONDA SANDERFORD

MGRM

01/08/2008

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