

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059454

FILED
Jan 11, 2008
Secretary of State

Entity Name: YELLOW PARK OF POMPANO, LLC

Current Principal Place of Business:

3801 S.W. 47 AVENUE
503
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

3801 S.W. 47 AVENUE
503
DAVIE, FL 33314 US

New Mailing Address:

FEI Number: 20-3000508 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASS, DANIEL G
10001 N.W. 50 STREET
204
SUNRISE, FL 33351 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: MGR () Delete
Name: ESQUILINO, JOHN
Address: 3801 S.W. 47 AVENUE SUITE 503
City-St-Zip: DAVIE, FL 33314 US

Title: MGR () Delete
Name: ESQUILINO, LUCY K
Address: 3801 S.W. 47 AVENUE SUITE 503
City-St-Zip: DAVIE, FL 33314 US

Title: MGRM () Delete
Name: ANGEL, CARLOS J
Address: 3801 S.W. 47 PLACE SUITE 503
City-St-Zip: DAVIE, FL 33314 US

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: PARIS, MARCELO
Address: 3801 S.W. 47 PLACE SUITE 503
City-St-Zip: DAVIE, FL 33314 US

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: MARCELO PARIS

MGRM

01/11/2008

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