

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059454

FILED
Jan 27, 2009
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:

ESQUILINO, JOHN MR
3801 SW 47TH AVE
503
DAVIE, FL 33314 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: JOHN ESQUILINO

01/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ESQUILINO, JOHN MR.
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: MGR () Delete
Name: MARCONDES, MELISSA E MRS.
Address: 3801 S.W. 47 PLACE SUITE 503
City-St-Zip: DAVIE, FL 33314 US

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: MARCONDES, MELISSA E MRS.
Address: 3801 S.W. 47 AVENUE SUITE 503
City-St-Zip: DAVIE, FL 33314 US

Title: MGRM (X) Change () Addition
Name: MARCONDES, GIL MR
Address: 3801 S.W. 47 AVENUE SUITE 503
City-St-Zip: DAVIE, FL 33314 US

Title: MGRM () Change (X) Addition
Name: PARIS, MARCELO MR
Address: 3801 S.W. 47 AVENUE 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

01/27/2009

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