

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000063989

**FILED**  
**Mar 25, 2010**  
**Secretary of State**

**Entity Name:** YELLOW PARK OF DEERFIELD BEACH, LLC

**Current Principal Place of Business:**

3801 SW 47TH AVENUE, SUITE 503  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

3801 SW 47TH AVENUE, SUITE 503  
DAVIE, FL 33314

**New Mailing Address:**

**FEI Number:** 27-0125754

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ESQUILINO, JOHN  
3801 SW 47TH AVENUE, SUITE 503  
DAVIE, FL 33314 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  
Name: ESQUILINO, JOHN MR  
Address: 3801 SW 47TH AVENUE, SUITE 503  
City-St-Zip: DAVIE, FL 33314 US

Title: MGR  
Name: ESQUILINO, LUCY K MRS.  
Address: 3801 SW 47TH AVENUE, SUITE 503  
City-St-Zip: DAVIE, FL 33314 US

Title: MGRM  
Name: MARCONDES, MELISSA E MRS.  
Address: 3801 SW 47TH AVENUE, SUITE 503  
City-St-Zip: DAVIE, FL 33314 US

Title: MGRM  
Name: MARCONDES, GIL MR.  
Address: 3801 SW 47TH AVENUE, SUITE 503  
City-St-Zip: DAVIE, FL 33314 US

Title: MGRM  
Name: PARIS, MARCELO MR  
Address: 3801 SW 47TH AVENUE, SUITE 503  
City-St-Zip: DAVIE, FL 33314 US

I hereby 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

03/25/2010

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