

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90045 005 ****50.00

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DOCUMENT # L05000097660 1. Entity Name YELLOWSTONE 140, LLC					
Principal Place of Business 8 GEORGETOWN AVENUE SUITE 8A, 1ST FLOOR ROSEMARY BEACH, FL 32461			Mailing Address 8 GEORGETOWN AVENUE SUITE 8A, 1ST FLOOR ROSEMARY BEACH, FL 32461		
2. Principal Place of Business 82 S. Barrett Square Suite, Apt. #, etc. Suite 2A		3. Mailing Address P.O. Box 611296 Suite, Apt. #, etc.		03312006 Chg-LLC CR2E083 (11/05)	
City & State Rosemary Beach, FL		City & State Rosemary Beach, FL		4. FEI Number 20-3568400	
Zip 32461		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ZEITLIN, BRAD 8 GEORGETOWN AVENUE SUITE 8A, 1ST FLOOR ROSEMARY BEACH, FL 32461			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 82 S. Barrett Square Suite 2A City Rosemary Beach FL Zip Code 32461		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JBS VENTURES, LLC 4390 POWERS FERRY ROAD ATLANTA, GA 30327		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 82 S. Barrett Square, Suite 2A Rosemary Beach, FL 32461	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:			Judd Jackson 4/9/06 850-231-0850 <small>Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #</small>		