



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90341 035 \*\*\*\*50.00

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # L05000101465</b><br>1. Entity Name<br><b>YELLOW BLUFF COMMERCIAL PROPERTIES, LLC</b>   |   |   |   |                |  |
| Principal Place of Business<br><b>425 NORTH LEE STREET, SUITE 204<br/>JACKSONVILLE, FL 32303</b>   |   |   | Mailing Address<br><b>P.O. BOX 40571<br/>JACKSONVILLE, FL 32203</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |   |  |
| City & State   |   | City & State  |   | 4. FEI Number<br><b>20-3639100</b>  |  |
| Zip  |   | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>STUTSMAN &amp; THAMES, P.A.<br/>121 WEST FORSYTH STREET, SUITE 600<br/>JACKSONVILLE, FL 32202</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |   |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |   | <b>Make check payable to<br/>Florida Department of State</b>  |   |   |  |
| 9. MANAGING MEMBERS / MANAGERS   |   |   | 10. ADDITIONS / CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>CATERACCI, MICHAEL J<br>4500 RIVER RIDGE DR<br>CLINTON TOWNSHIP, MI 48038 | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>ROBSORV, JOHN T<br>4500 RIVER RIDGE DR<br>CLINTON TOWNSHIP, MI 48038      | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>LEGGERT, STEPHEN<br>4500 RIVER RIDGE DR<br>CLINTON TOWNSHIP, MI 48038     | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>LEGGERT, STEPHEN<br>4500 RIVER RIDGE DR<br>CLINTON TOWNSHIP, MI 48038     | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>LEGGERT, STEPHEN<br>4500 RIVER RIDGE DR<br>CLINTON TOWNSHIP, MI 48038     | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>LEGGERT, STEPHEN<br>4500 RIVER RIDGE DR<br>CLINTON TOWNSHIP, MI 48038     | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>LEGGERT, STEPHEN<br>4500 RIVER RIDGE DR<br>CLINTON TOWNSHIP, MI 48038     | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>LEGGERT, STEPHEN<br>4500 RIVER RIDGE DR<br>CLINTON TOWNSHIP, MI 48038     | <input type="checkbox"/> Delete   |   |   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>LEGGERT, STEPHEN<br>4500 RIVER RIDGE DR<br>CLINTON TOWNSHIP, MI 48038     | <input type="checkbox"/> Delete   |   |   |  |
| 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. |   |   |   |   |  |
| <b>SIGNATURE:</b>   |   | 04/19/07 586-416-4500<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> |   |   |  |