


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000101802 1. Entity Name AY, LLC	
---	---

Principal Place of Business 5150 PALM VALLEY ROAD STE 208 PONTE VEDRA BEACH, FL 32082	Mailing Address 5150 PALM VALLEY ROAD STE 208 PONTE VEDRA BEACH, FL 32082
--	--



01082007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3642562	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LAW OFFICES OF DAN W. ARMSTRONG, P.A. 822 A1A NORTH 303 PONTE VEDRA BEACH, FL 32082

DO NOT WRITE IN THIS SPACE

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 reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARMSTRONG, COLIN 114 REGENTS PLACE PONTE VEDRA BEACH, FL 320823958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YANOVER, ROBERT 570 OCEAN DRIVE JUNO BEACH, FL 334081952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000627637
02/15/07-80069-020 50.00

**DO NOT WRITE
IN THIS SPACE**

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: Colin Armstrong 1/29/07 904-285-2206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #