


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000101802</b> 1. Entity Name AY, LLC	
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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
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01072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3642562	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000856786  
03/28/08-80025-024 138.75

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
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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:** *x Colin Armstrong* **03/10/08** **904-285-2206**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #