


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90066 017 ****50.00

DOCUMENT # L05000118037					
1. Entity Name YATES PROPERTIES, LLC					
Principal Place of Business 8614 STONER WOODS DRIVE RIVERVIEW, FL 33569			Mailing Address 8614 STONER WOODS DRIVE RIVERVIEW, FL 33569		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o Temple H. Drummond, Esq. Suite, Apt. #, etc. 328 West Bearss Avenue City & State Tampa, Florida Zip 33613 Country USA			
Suite, Apt. #, etc.		04262007 Chg-LLC CR2E083 (12/06)			
City & State		4. FEI Number 20-3957948		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DRUMMOND, TEMPLE H ESQ. WINICK WEHLE DRUMMOND & ROSS, LLP 328 WEST BEARSS AVE. TAMPA, FL 33613			7. Name and Address of New Registered Agent Name Temple H. Drummond, Esq. Street Address (P.O. Box Number is Not Acceptable) c/o Drummond Wehle & Ross LLP 328 West Bearss Avenue City Tampa FL Zip Code 33613		
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 <u>Temple H. Drummond</u> <u>Temple H. Drummond</u> DATE <u>4/26/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR YATES, JOSEPH L DIRECTO 8614 STONER WOODS DRIVE RIVERVIEW, FL 33569	<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	MRS YATES, DIANA L DIR 8614 STONER WOODS DRIVE RIVERVIEW, FL 33569	<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
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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: <u>[Signature]</u>			Date <u>4/26/07</u> Daytime Phone # <u>813 215-6170</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					