

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031642

FILED
Feb 21, 2007
Secretary of State

Entity Name: YR GOURMET SELECT MARKET & CELLER, LLC

Current Principal Place of Business:

840 NE 20TH AVENUE
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

953 E. OAKLAND PARK BLVD.
OAKLAND PARK, FL 33334

Current Mailing Address:

840 NE 20TH AVENUE
FORT LAUDERDALE, FL 33304

New Mailing Address:

840 NE 20TH AVENUE
FORT LAUDERDALE, FL 33304 US

FEI Number: 20-4562141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVELL-DEVERT, ROSE ANN
840 NE 20TH AVENUE
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: (YIANNI) DEVERT, GUY J
Address: 840 NE 20TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGRM (X) Delete
Name: LOVELL-DEVERT, ROSE ANN
Address: 840 NE 20TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: (YIANNI) DEVERT, GUY J
Address: 840 NE 20TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GUY J.(YIANNI) DEVERT

MGRM

02/21/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date