


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90036 001 \*\*\*\*50.00


**DOCUMENT # L06000038688**

1. Entity Name  
**YU & ASSOCIATES, LLC**



Principal Place of Business <b>2240 NW 129TH TERRACE          PEMBROKE PINES, FL 33028</b>	Mailing Address <b>2240 NW 129TH TERRACE          PEMBROKE PINES, FL 33028</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-4703024</b>	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**

**YU, PETER**  
**2240 NW 129TH TERRACE**  
**PEMBROKE PINES, FL 33028**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	MGRM YU, PETER 2240 NW 129TH TERRACE PEMBROKE PINES, FL 33028 <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
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:**  **4/25/07** **9542706750**

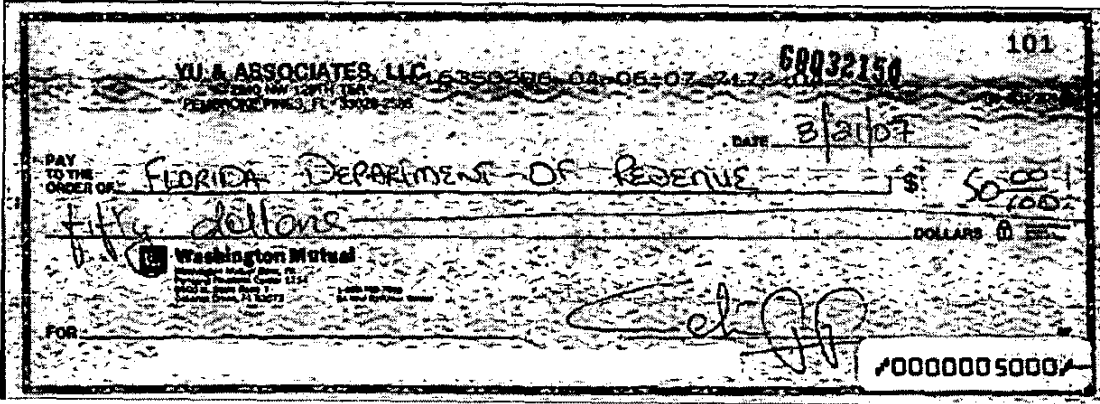
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

 **wamu.com** A Washington Mutual, Inc. Web site

30005939  
# LC6000038688

**Transaction Details - Check - 000000101**



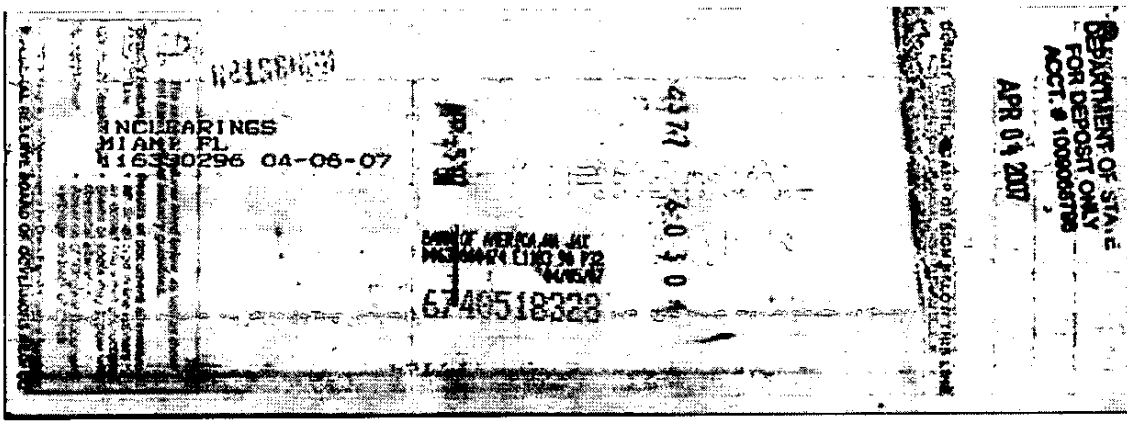
Transaction Type: Check  
 Account: FREE BUSINESS CHECKING/\*\*\*\*\*1239  
 Posting Date: 04/06/2007  
 Amount: \$50.00  
 Check Number: 101  
 Transaction Number: 1070-406I-0001-1635-0296

ATTACHMENT

 **wamu.com** A Washington Mutual, Inc. Web site

\$ 3000.5939  
# 106 00038688

**Transaction Details - Check - 000000101**



**Transaction Type:** Check  
**Account:** FREE BUSINESS CHECKING/\*\*\*\*\*1239  
**Posting Date:** 04/06/2007  
**Amount:** \$50.00  
**Check Number:** 101  
**Transaction Number:** 1070-406I-0001-1635-0296

ATTACHMENT

30865939

4/25/07

#L06000038688

TO WHOM IT MAY CONCERN  
check in the amount <sup>of \$50</sup> has already  
been paid. Enclosed please find a copy  
of the check.

Yours Sincerely  
John Yu