

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067040

FILED  
Jan 14, 2008  
Secretary of State

Entity Name: YATES FAMILY INVESTMENTS, LLC

**Current Principal Place of Business:**

3645 CHAPLAIN ROAD  
ST. CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

3645 CHAPLAIN ROAD  
ST. CLOUD, FL 34772

**New Mailing Address:**

10 RIVER OAKS DRIVE  
TEXARKANA, TX 75503

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YATES, LORETTA  
3645 CHAPLAIN ROAD  
ST. CLOUD, FL 34772 US

**Name and Address of New Registered Agent:**

YATES, LORETTA  
3645 CHAPLAIN ROAD  
SAINT CLOUD, FL 34772 US

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:

01/14/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: YATES, LORETTA  
Address: 3645 CHAPLAIN ROAD  
City-St-Zip: ST. CLOUD, FL 34772

Title: MGRM ( ) Delete  
Name: YATES, H. CLINT  
Address: 3645 CHAPLAIN ROAD  
City-St-Zip: ST. CLOUD, FL 34772

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: YATES, LORETTA  
Address: 10 RIVER OAKS DRIVE  
City-St-Zip: TEXARKANA, TX 75503

Title: MGRM (X) Change ( ) Addition  
Name: YATES, H. CLINT  
Address: 10 RIVER OAKS DRIVE  
City-St-Zip: TEXARKANA, TX 75503

I hereby certify that the information supplied with this filing does not qualify 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: LORI YATES

MGRM

01/14/2008

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