


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000102921		
1. Entity Name YOURS & MINE CONSIGNMENT, LLC		

FILED
07 OCT 17 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 4231 N. DIXIE HWY BAY #2 OAKLAND PARK, FL 33334 US	Mailing Address 4231 N. DIXIE HWY BAY #2 OAKLAND PARK, FL 33334 US
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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	Zip	Country

07022007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5756790	Applied For Not Applicable
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5. Certificate of Status Desired	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LAKES, WILLIE J 4231 N. DIXIE HWY BAY #2 OAKLAND PARK, FL 33334

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 <i>Willie J. Lakes</i>	DATE 10/3/07

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR Willie Lakes 2308 N.W. 14 CT. Fort Lauderdale FL 33311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR Natalie Roman 1024 N.W. 13th ST #129 Boca Raton, FL 33486	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR Allan Lakes 2308 N.W. 14 CT. Fort Lauderdale FL 33311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
800110599308 10/10/07--01041--007 **100.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
800110599308 10/10/07--01041--008 **55.00	
REINSTATEMENT 2007	
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"/> 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: <i>Willie J. Lakes</i>	Willie J. Lakes	9/9/07	954-390-0441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #