2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 17, 2007 8:00 am Secretary of State DOCUMENT # L06000110172 04-24-2007 90115 020 ****50.00 1. Entity Name YFTOS, LLC Principal Place of Business Mailing Address 30008100 **18 WAREHOUSE AVE 18 WAREHOUSE AVE** LANTANA, FL 33462 LANTANA, FL 33462 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 04172007 Chg-LLC CR2E083 (12/06) 4. FEI Number City & State City & State Applied For 374 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KAS ACCOUNTING SERVICES, INC Street Address (P.O. Box Number Is Not Acceptable) 2930 MELALEUCA DR WEST PALM BEACH, FL 33406 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 lamiliar with, and accept the obligations of registered agent. Signature, typod or progress norms of registered agent and talls if applicable. (NOTE: Recustered Accord sconsture required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE Deleta TIFLE ☐ Change ☐ Addition NAME APOSTOLOPOULOS, ROUBINA NAME STREET ADDRESS 18 WAREHOUSE DR STREET ADDRESS LANTANA, FL 33462 CITY-ST-ZIP CSTY-ST-21P TITLE Delete MLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TTILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - 51 - ZIP CITY- ST-ZIP ☐ Delete me ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Chance Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ■ Addition MLE πιε NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Rorida 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

4.20.07

Daylime Phone #