2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

I hereby certify that the information suppl indicated on this report is true and accur-limited liability company or the receive.

SIGNATURE AND TYPED OR PRINT

SIGNATURE:

May 28, 2008 8:00 am Secretary of State DOCUMENT # L06000122726 05-28-2008 90140 019 ***138.75 1. Entity Name YMD, LLC Principal Place of Business Mailing Address 3216 BUTLER BAY DRIVE NORTH 3216 BUTLER BAY DRIVE NORTH WINDERMERE, FL 34786 WINDERMERE, FL 34786 04212008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-8122103 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THARIANI, YUMMA DO NOT WRITE 3216 BUTLER BAY DRIVE NORTH WINDERMERE, FL 34786 IN THIS SPACE submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept 8. The above named the obligations of SIGNATURE (NOTE: Registered Agent signature required when reinstating) gistered agent and title if applicable FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE THARIANI, YUMMA NAME 3216 BUTLER BAY DRIVE NORTH STREET ADDRESS WINDERMERE, FL 34786 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-🖀 ZIP IN THIS SPACE TITLE . NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

ed with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information to 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 vustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED