

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025726

Entity Name: YONGE STREET, LLC

FILED  
Mar 31, 2009  
Secretary of State

**Current Principal Place of Business:**

1516 E. COLONIAL DRIVE  
SUITE 303  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 533958  
ORLANDO, FL 32853

**New Mailing Address:**

FEI Number: 20-8595615

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAVIS, RANDOLPH D MGN MEM  
YONGE STREET, LLC  
1516 E. COLONIAL DR, SUITE 303  
ORLANDO, FL 32803 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MM ( ) Delete  
Name: DAVIS, RANDOLPH D  
Address: P.O. BOX 540293  
City-St-Zip: ORLANDO, FL 32854

Title: MM ( ) Delete  
Name: MILLER, ROBERT L  
Address: 300 MAITLAND AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MM ( ) Delete  
Name: HARTMAN, JAMES C  
Address: 3905 EL REY ROAD  
City-St-Zip: ORLANDO, FL 32808

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RANDOLPH D DAVIS

MM

03/31/2009

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