

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057710

Entity Name: YOLO BOARD LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

820 HIGHWAY 393 NORTH
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

820 HIGHWAY 393 NORTH
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 26-0221509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIEL W. UHLFELDER, P.A.
124 E. COUNTY ROAD 30A
GRAYTON BEACH, FL 32459 US

Name and Address of New Registered Agent:

THOMAS P LOSEE III
189 RED CEDAR WAY
SANTA ROSA BEACH, FL 32459 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: THOMAS P LOSEE III

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOSEE, TOM
Address: 820 HIGHWAY 393 NORTH
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM () Delete
Name: ARCHER, JEFF
Address: 820 HIGHWAY 393 NORTH
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOSEE, TOM
Address: 189 RED CEDAR WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM (X) Change () Addition
Name: ARCHER, JEFF
Address: 4434 OCEAN VIEW DR.
City-St-Zip: DESTIN, FL 32541

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: THOMAS P LOSEE III

MGRM

04/28/2008

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