

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90159 039 ***138.75

DOCUMENT # L07000074245

1. Entity Name
YAMATO VILLAGE CENTER, L.L.C.



Principal Place of Business
ATTN: WILLIAM WIENER
2000 N. OCEAN BLVD., APT. 501
BOCA RATON, FL 33431

Mailing Address
ATTN: WILLIAM WIENER
2000 N. OCEAN BLVD., APT. 501
BOCA RATON, FL 33431

50004832



2. Principal Place of Business - No P.O. Box #
500 East Broward Boulevard

3. Mailing Address
500 East Broward Boulevard

Suite, Apt. #, etc.
Suite 1950

Suite, Apt. #, etc.
Suite 1950

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip
33394

Country
USA

Zip
33394

Country
USA

04082008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOMBACH, GEOFFREY S ESQ.
C/O MOMBACH, BOYLE & HARDIN, P.A.
500 EAST BROWARD BLVD., SUITE 1950
FT. LAUDERDALE, FL 33394

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William A. Wiener		NAME		
STREET ADDRESS	500 E. Broward Blvd., Suite 1950		STREET ADDRESS		
CITY-ST-ZIP	Fort Lauderdale, FL 33394		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/14/08

Date

Daytime Phone #