

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088409

FILED
May 01, 2008
Secretary of State

Entity Name: YORKTOWN PROPERTIES, LLC

Current Principal Place of Business:

1325 YORKTOWN STREET
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

PO BOX 128
DELAND, FL 32721

New Mailing Address:

FEI Number: 26-0802452 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DOWNER, JAMES A
2010 HOPE LANE
DELAND, FL 32720 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DOWNER, JAMES A
Address: 2010 HOPE LANE
City-St-Zip: DELAND, FL 32720

Title: MGRM () Delete
Name: DOWNER, CHRISTINA L
Address: 135 NE GOLDEN RAIN TERRACE
City-St-Zip: LEE, FL 32059

Title: MGRM () Delete
Name: DOWNER, KELLY L
Address: 6150 GULFPORT BLVD. #406
City-St-Zip: GULFPORT, FL 33707

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: JAMES A DOWNER

MGRM

05/01/2008

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