

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043148

Entity Name: YU ENTERPRISES GP I, LLC

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

15020 SW 132ND AVENUE
C/O PETER YU
MIAMI, FL 33186

New Principal Place of Business:

8755 N.W. 35TH LANE
MIAMI, FL 33172

Current Mailing Address:

15020 SW 132ND AVENUE
C/O PETER YU
MIAMI, FL 33186

New Mailing Address:

8755 N.W. 35TH LANE
MIAMI, FL 33172

FEI Number: 26-2809726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YU, PETER
15020 SW 132ND AVENUE
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

YU, PETER
8755 N.W. 35TH LANE
MIAMI, FL 33172 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: PETER YU

04/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: YU, PETER
Address: 15020 SW 132ND AVENUE
City-St-Zip: MIAMI, FL 33186

Title: MGR () Delete
Name: HSU YU, LIHUI
Address: 15020 SW 132ND AVENUE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: YU, PETER
Address: 8755 N.W. 35TH LANE
City-St-Zip: MIAMI, FL 33172

Title: MGR (X) Change () Addition
Name: HSU YU, LIHUI
Address: 8755 N.W. 35TH LANE
City-St-Zip: MIAMI, FL 33172

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: PETER YU

MGR

04/07/2009

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