2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 19, 2007 8:00 am Secretary of State

DOCUMENT # L9300000264 1. Entity Name YELLOW BIRD, L.C.					02-19-2007 90199 014 ****50.00				
Principal Plac	e of Business	Mailing Address		Onnion.					
3001 ESTERO BLVD. FT. MYERS BEACH, FL 33931		3001 ESTERO BLVD. FT. Myers Beach, Fl 33931							
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02122007	Chg-LLC	CR2E083 (12/06)	
City & State		City & State			4. FEI Number		435019	_	plied For t Applicable
Zip	Country	Zip	Counti	ry	5. Certificate o	of Status Desired		00 Add Required	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New R	egistered Agen	t	
BROGAN	LAURA L P.A.			Name					
	T OAKLAND PARK BLVD.		Street Address (P.O. Box Number	is Not Acceptable)		
FT. LAUDE	ERDALE, FL 33306								
				City			FL	Zip Code	9
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	registere	d office or register	ed agent, or both	i, in the State of Flo	rida. I am famili	ar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	. Registered	Agent signature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007									
Fi De	iling Fee is \$50.00 ue by May 1, 2007						e check payat Department		
9.	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBER	RS/MANAGERS	10.				Department (
9.	MANAGING MEMBER	RS/MANAGERS	TITLE			Florida	Department of CHANGES		Addition
9.	ue by May 1, 2007 MANAGING MEMBER		TITLE NAME			Florida	Department of CHANGES	of State	
9. TITLE NAME	MANAGING MEMBER M BROGAN, PATRICK A		TITLE NAME STREE			Florida	Department of CHANGES	of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER M ** BROGAN, PATRICK A 3001 ESTERO BLVD.		TITLE NAME STREE CITY-	T ADDRESS ST-ZIP		Florida	CHANGES	of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER M ** BROGAN, PATRICK A 3001 ESTERO BLVD.	□ Delete	TITLE NAME STREE CITY- TITLE NAME	ET ADDRESS ST-ZIP		Florida	CHANGES	of State	Addition
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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 SUPPED OR PRINTED NAME OF SIGNING MAMAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Brogan Patrick A.