2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9800003380 1. Entity Name YATES ROYALTY PARTNERS, L.L.C.						APPROVED AND FILED 00 APR 21 AM 9: 12					
											•
2. Principal P	3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			. 1.	DO NOT WRI	TE IN THIS	SPACE		
City & State	θ	City & State	City & State			FEI Num	ober 65-0897530	 }	<u> </u>	plied For	
Zip	Country	Zip	Zip Count		5.	Certifica	te of Status Desired		\$5.00 Add		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
HRAWG CORP. 2000 GLADES ROAD, SUITE 400				Street Address (P.O. Box Number is Not Acceptable)							
BOCA RAT			City					Zip Code)		
3. The above	named entity submits this statement				r registered a		ooth, in the State of Fl	orida.			
	, ,	, , ,	OW!!! I	FEE IS \$	50.00						
9.	MANAGING MEI	MBERS/MEMBERS	10.			I	ADDITIONS	/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRADLEY, GEORGE C 1215 SADLER DR. CARLISLE PA 17013	☐ Deleto			58W	NORT	DIANE E. H STREET, RG, CA 95		☐ Change	S Addition	
TITLE NAME BTREET ADDRESS CITY-ST-ZUP	MGRM REED, GORDON S 555 INTERNATIONAL DR. WILLIAMSVILLE NY 14221	Delete					500003 -05/0	2 4 2	0 5 5 0 1 1 0 9 (******	□ ΛφΝφ 012 50.00	
TITLE NAME Street Address City-St-Zip	MGRM REED, THOMAS C 1410 ALEXANDER VALLEY RO HEALDSBURG CA 95448	□ Belote						İ	Change	Addition	
TITLE HAME STREET ADDRESS CITY-ST-ZIP	MGRM STRETER, STEPHEN M 1200 HUMBOLDT #1101 DENVER CO 80218	☐ Delete						•••	☐ Change	Addition	
TITLE NAME STREET AUDRESS CITY-ST-TP	MGRM REED, KAY R 1410 ALEXANDER VALLEY RO HEALDSBURG CA 95448	□ Defecto							☐ Change	☐ Addition	
TITLE NAME Street address Sty-st-zip	MGR MCGOOGAN, JAMES R 1151 S.W. 30TH STREET, SUI' PALM CITY FL 34990	□ Oeleta TE E							Change	Addition	
indicatéd	certify that the information supplied we on this report is true and accurate a billity company or the receiver or true	nd that my signature shall have	the same	e legal effe	ct as if made	under oa	ith; that I am a mana	I further ce ging memb	rtify that the ir er or manage	nformation r of the	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER