

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000003380**

1. Entity Name
YATES ROYALTY PARTNERS, L.L.C.

APPROVED
AND
FILED

01 APR 26 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1151 S.W. 30TH STREET, SUITE E
PALM CITY FL 34990**

Mailing Address
**P.O. BOX 1938
PALM CITY FL 34991-6938**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0897530		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

**HRAWG CORP.
2000 GLADES ROAD, SUITE 400
BOCA RATON FL 33431**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRADLEY, GEORGE C 1215 SADLER DR. CARLSLE PA 17013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, DIANE E 58W NORTH STREET, SUITE 101 HEALDSBURG CA 95448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REED, THOMAS C 1410 ALEXANDER VALLEY ROAD HEALDSBURG CA 95448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRETER, STEPHEN M 1200 HUMBOLDT #1101 DENVER CO 80218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REED, KAY R 1410 ALEXANDER VALLEY ROAD HEALDSBURG CA 95448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCGOOGAN, JAMES R 1151 S.W. 30TH STREET, SUITE E PALM CITY FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *James R. McGoogan* **REQUIRED** **JAMES R. MCGOOGAN** **4-16-01** **(561)220-4333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0023951 AF

CR2E083 (11/00)