


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000002099 1. Entity Name YUKON LIMITED, L.C.	
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Principal Place of Business 2255 U.S. 1 SOUTH ST. AUGUSTINE, FL 32086	Mailing Address PO BOX 169 ST. AUGUSTINE, FL 32085-0169
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01052004 No Chg-LLC      CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3570901	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WILSON, JOHN E JR. 2255 U.S. 1 SOUTH ST. AUGUSTINE, FL 32086
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**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILSON, JOHN E JR. 2255 U.S. 1 SOUTH ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILSON, GERALDINE Y 2255 U.S. 1 SOUTH ST. AUGUSTINE, FL 32086
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01/07/04-80003-004 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: John E Wilson Jr.      Date: 1/5/04      Daytime Phone #: 904-297-4567

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