


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # M0100601362 1. Entity Name YAIR I, LLC	
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Principal Place of Business 220 BUSH STREET, SUITE 1100 SAN FRANCISCO, CA 94104	Mailing Address 220 BUSH STREET, SUITE 1100 SAN FRANCISCO, CA 94104
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**DO NOT WRITE IN THIS SPACE**



01072008No Chg-LLC CR2E083 (12/07)

4. FEI Number 94-3402496	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KEYES, WILLIAM A JR  
 2125 FIRST STREET, SUITE 101  
 FORT MYERS, FL 33901

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000800599  
 01/31/08-80023-022 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERMES INVESTMENT CO., INC. PO BOX 790 FORT MYERS, FL 339020790
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Robert H. Mann* ROBERT H. MANN Date: 1/23/08 Daytime Phone #: (415) 398-4251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE