2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M01000001354

1. Entity Name
YAIR II, LLC



FILED Feb 12, 2007 08:00 AM Secretary of State

Principal Place of Business

220 BUSH STREET, SUITE 1100 SAN FRANCISCO, CA 94104

Mailing Address

220 BUSH STREET, SUITE 1100 SAN FRANCISCO, CA 94104



02062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 94-3402497 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

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

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many market but her has been the

the obligat	lions of registered agent.		
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS	at in the wind of the deal figure is	AND THE STATE OF T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERMES INVESTMENT CO., INC. P.O. BOX 790 FORT MYERS, FL 339020790	The state of the s	A district of the second of th
TITLE NAME STREET ADDRESS CITY-ST-ZIP			0000633352 707-80058-022 50.00
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TITLE		a faithful and a single at the make the confidence	to pulle the second of the sec

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

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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JRE: ROBERTH. MANN

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

2/6/07

(415) 398_4251

Date

Daytime Phone #