

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M06000003163**

**1. Entity Name**

**YORK RESIDENTIAL - FLORIDA, LLC**



**Principal Place of Business**

**ONE SOUTH OCEAN BLVD., SUITE 308  
BOCA RATON, FL 33432**

**Mailing Address**

**ONE SOUTH OCEAN BLVD., SUITE 308  
BOCA RATON, FL 33432**



02122007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**20-2831772**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**YONCE, KATHLEEN E  
ONE SOUTH OCEAN BLVD., SUITE 308  
BOCA RATON, FL 33432**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGR**  
**YONCE, KATHLEEN E**  
**ONE SOUTH OCEAN BLVD., SUITE 308**  
**BOCA RATON, FL 33432**

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

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**CITY-ST-ZIP**

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04/17/07-80046-003 50.00

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**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:**

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

**4/4/07 561.391.1292**

Date

Daytime Phone #