2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 11, 2008 8:00 am Secretary of State

2/8

DOCUMENT # M0700004026 1. Ersity Name YANKEE REALTY LLC Principal Place of Business Mailing Address						02-08	-2008 90	099 050) ***138.′
Principal Place	e of Business								
40-16 149 PLACE 40-16 149 PLACE						21	00017	91	
FLUSHING, NY 11354 FLUSHING, NY 11354						9.	UUUL	-	
						D 6110 (611) 6110 6110 61) (64 HJ) (45	OSVIL HRED GR	
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc. Suite. Apt. #, etc.					-				
Suite, Apr. 4, 610.					01212008	Chg-LLC	CR2E08	3 (12/06)	
City & State	•	City & State			4. FEI Numi				plied For
Tio Country		Zip Coun		· ·	11-3291890		Not Applicable		
Zip Country				m y	5. Certificate of Status Desired			\$5.00 Additional Fee Required	
	- 6 Name and Address of Current R	egistered Agent			7. Name an	d Address of New F	legistered A	jent -	
INCORDO	DATED SEDVICES LTD	Name ·							
INCORPORATED SERVICES LTD 1540 GLENWAY DRIVE				Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE, FL 32301									
	,							T =	[
,				City			FL	Zip God	•
	named entity submits this statement for	the purpose of changing its	register	ad office or register	ed agent, or b	oth, in the State of Fi	orida. I am la	miliar with,	and accept
the obligation	ons of registered agent.								
SIGNATURE -	Signature, typed or printed name of registered agent at	id title if applicable. (NOT	E: Registere	d Agent signature required	when reinstaling)		DATE		1
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FILE	NOW!!! FEE IS \$138.75				- Mak	e check-pa		• •	
After May	1, 2008 Fee will be \$538.75					Florida	a Departme	nt of State	•
9.	MANAGING MEMBER	L / IS/MANAGERS	10.			ADDITIONS	CHANGES		
TITLE	Managing Member	☐ Delete	TITU					Change	Addition
NAME	Nicholas Haros		HAM	E					_
STREET ADDRESS	40-16 149th Place Flushing, NY 113	e e		ET ADDRESS					ĺ
CITY-ST-ZIP	Flushing, NY 1139			-SI-ZIP		****		=:	
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11. Thereby o	certify that the information supplied with	this filing does not qualify to	exe eri) v	mptions contained	in Chapter 119	, Florida Statutes. I fi	rther certify to	hat the info	mation
#mited lial	bility company or the receiver or juries	empowered to execute this	report as	required by Chap	ter 608, Florida	Statutes.	en of entire in the		
ITILE HAME STREET ADDRESS CITY-ST-ZIP	sertify that the information supplied with on this report is true and accurate and billay company or the receiver or you'lee	this filing does not qualify to hat my signature shall have empoweded to execute this	111LI NAM STRE CITY	E E ET ADDRESS -SI-ZIP	in Chapter 119 hade under oal ter 608, Florida	Florida Statutas III	ribar carlibri	Change	rmation