


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90376 046 ****50.00

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1. Entity Name
 YNPAR TECHNOLOGY, L.L.C.



Principal Place of Business
 2628 N. N.W. 60 TERRACE
 MARGATE, FL 33063

Mailing Address
 PO BOX 67-0157
 CORAL SPRINGS, FL 33067

20000100

2. Principal Place of Business
 7225 NW 25 Street

3. Mailing Address

Suite, Apt. #, etc.
 # 207

Suite, Apt. #, etc.

City & State
 Miami Florida

City & State

Zip
 33122

Country
 USA

Zip

Country



03302005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 06-1644622

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARQUES, LOBSANG R
 1340 N.W. 154TH LANE
 PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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)

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
MGR	MARQUES, LOBSANG R	5600 S.W. 135TH AVENUE	MIAMI, FL 33183				
MGR	MARCOS MONTEIRO, SERGIO	5600 S.W. 135TH AVENUE	MIAMI, FL 33183				

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sergio Marcos Monteiro 5/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #