

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000000214 1. Entity Name YANBAL, L.L.C.					
Principal Place of Business 601 FAIRWAY DRIVE DEERFIELD BEACH, FL 33441			Mailing Address 601 FAIRWAY DRIVE DEERFIELD BEACH, FL 33441		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		01132005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 65-0887315				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent CABRAL, EDWARD 601 FAIRWAY DRIVE DEERFIELD BEACH, FL 33441			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	MGR CABRAL, EDWARD J 601 FAIRWAY DRIVE DEERFIELD BEACH, FL 33441	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000243836 02/25/05-20057-004 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELMONT, FERNANDO 601 FAIRWAY DRIVE DEERFIELD BEACH, FL 33441	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELMONT, JANINE 601 FAIRWAY DRIVE DEERFIELD BEACH, FL 33441	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELGADO, ROCIO 601 FAIRWAY DRIVE DEERFIELD BEACH, FL 33441	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: _____ V-PRES 01/20/05 954 798-1000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					