

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000000063

1. Entity Name
YAB III, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 10:42

Principal Place of Business
260 CRANDON BLVD.
48
KEY BISCAVNE, FL 33149 US

Mailing Address
260 CRANDON BLVD.
48
KEY BISCAVNE, FL 33149 US

2. Principal Place of Business
782 NW Le Jeune Rd.
Suite, Apt., etc. Suite 650
City & State Miami Florida
Zip 33126 Country

3. Mailing Address
782 NW Le Jeune Rd.
Suite, Apt., etc. Suite 650
City & State Miami Florida
Zip 33126 Country



04052006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0874440 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SALAZAR, LISETTE
260 CRANDON BLVD.
48
KEY BISCAVNE, FL 33149

7. Name and Address of New Registered Agent
Name JACQUINO, Antonio D.
Street Address (P.O. Box Number is Not Acceptable) 782 NW Le Jeune Rd
Suite 650
City Miami FL Zip Code 33126

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 4/12/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPRA, ALESSANDRO <input type="checkbox"/> Delete 260 CRANDON BLVD. #48 KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPRA, NICCOLO <input type="checkbox"/> Delete 260 CRANDON BLVD. #48 KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE CAPRA, FRANCOIS A <input type="checkbox"/> Delete 260 CRANDON BLVD. #48 KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700074087387 05/08/06--01004--005 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/13/06 305-442-2470