
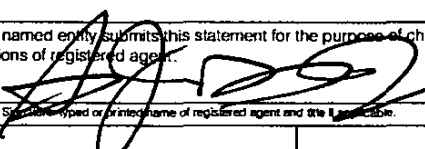
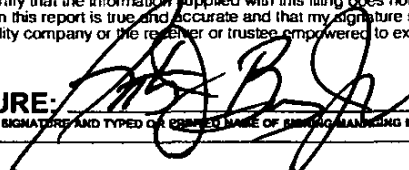


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90229 005 \*\*\*\*55.00

<b>DOCUMENT # L00000010252</b>			
1. Entity Name <b>Y-NOT, LLC</b>			
Principal Place of Business <b>3536 N NEBRASKA AVE. TAMPA, FL 33603 US</b>		Mailing Address <b>2536 N NEBRASKA AVE. TAMPA, FL 33603 US</b>	
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 172119</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Tampa, FL</b>	
Zip	Country	Zip	Country
<b>33603</b>	<b>USA</b>	<b>33603</b>	<b>USA</b>
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <b>Not Applicable</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>BORRELL, ANTHONY V JR 3601 N. NEBRASKA AVE. TAMPA, FL 33603</b>		7. Name and Address of New Registered Agent Name <b>ANTHONY J. BORRELL, JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>3536 N. Nebraska Ave</b> City <b>Tampa</b> FL Zip Code <b>33603</b>	
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 <b>2-10-06</b>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BORRELL, ANTHONY V JR 3536 N NEBRASKA AVE TAMPA, FL 33603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR, S.T.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: 		Date <b>2/16/06</b> Daytime Phone # <b>813-251-5050</b>	

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