

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-23-2006 90229 008 ****55.00

DOCUMENT # L00000010256					
1. Entity Name Y-NOT-3, LLC					
Principal Place of Business 3536 N NEBRASKA AVE TAMPA, FL 33603 US			Mailing Address 3536 N NEBRASKA AVE TAMPA, FL 33603 US		
2. Principal Place of Business		3. Mailing Address P. O. Box 172119			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Tampa, FL		4. FEI Number NOT APPLICABLE	
Zip		Zip 33672-0119		Country USA	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BORRELL, ANTHONY V JR 3601 N. NEBRASKA TAMPA, FL 33603					
7. Name and Address of New Registered Agent					
Name: BORRELL ANTHONY J. JR Street Address (P.O. Box Number is Not Acceptable): 3536 N. Nebraska Av City: Tampa FL Zip Code: 33603					
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: <i>[Signature]</i> DATE: 2-10-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$90.00 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	MGR. S.T ANTHONY J. BORRELL, JR 3536 N. NEBRASKA AV TAMPA, FL 33603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 606, Florida Statutes.					
SIGNATURE: <i>[Signature]</i>			Date: 2/16/06 Daytime Phone #: 813.251.5050		