## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

1. Entity Name Y-NOT-4, LLC						02-23-2006 90229 009 ****55.00			
Principal Place of Business 3536 NORTH NEBRASKA AVENU TAMPA, FL 33603 US  Mailing Address 3636 NORTH NEBRASKA TAMPA, FL 33603 US						s jegljætt ein serin egin egin þein þein þein man a	THE 11221 STEEL ST	TÄÄN IV OVEN	
2. Principal P	face of Business	3. Mailing Address P. O. Box 172119							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02092006 Chg-LLC CR2E	083 (11/05)			
City & Stat		City & State TAMPA, F			FEI Number     NOT APPLICABLE	<del></del>	optied For of Applicable		
Zip	Country		Coun	ŠĄ		5. Certificate of Status Desired	\$5.00 Add Fee Require	litional d	
6. Name and Address of Current Registered Agent Name						7. Name and Address of New Registered	Agent		
BORRELL, ANTHONY V JR 3601 N. NEBRASKA AVE. TAMPA, FL 33603				ANTHONY J BORREII, Jr. Street Address (P.O. Box Number is Not Acceptable) 3536 N. Nebraska Ao					
				City	mo	FL	- 334	03	
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 .	Signature, proof or princial negle of projected advant	and the lappinesse. (NOTE: Re	egistere	d Agent signatur	e required	2-/o- when reinstating) DATE	06		
Filling Fee is \$50.00 Due by May 1, 2008  Make check payable to Florida Department of State									
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/CHANGE	ALCO AND SHOWS	30 S S S S	
TITLE NAME	GST BORRELL, ANTHONY V JR	☐ Delete	nn		mq	r. 9. T.	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	UΕ	1	EET ADDRESS -ST-ZIP						
TITLE		☐ Delete	nr				☐ Change	Addition	
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juire		, Delete	מוד	1			☐ Change	Addition	
NAME STREET ADDRESS			NAM STRE	EET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE Name		☐ Delete	TITL!	,			☐ Change	☐ Addition	
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP		☐ Delicte	TITL	-ST-ZIP			☐ Change	Addition	
NAME		_ vene	NAM	E					
STREET ADDRESS CITY-ST-ZEP				-ST-ZIP					
mu		☐ Celete	TITE.	i i			Change	Addition	
NAME Street address			NAM STRE	EET ADDRESS		•			
CITY-ST-ZIP				-SI-ZIP			<del></del>		
11. I hereby certify that the information tupplied 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 eighabure 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 register or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
ातसस्य ५८	ionity company or the receiver of (fusia)	empowered to execute this rep	ant a	s required b	y Cnapt	er bus, Fibrida Statutes.			
SIGNATURE: 2/16/06 8/3.25/. 5050 SIGNATURE: Deb Deb Deytre Prone #									
Usymmerfione #									