

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-23-2006 90229 009 ****55.00

DOCUMENT # L00000010258 1. Entity Name Y-NOT-4, LLC																											
Principal Place of Business 3536 NORTH NEBRASKA AVENUE TAMPA, FL 33603 US		Mailing Address 3536 NORTH NEBRASKA AVENUE TAMPA, FL 33603 US																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 172119 Suite, Apt. #, etc.																									
City & State Zip		City & State Tampa, FL Zip 33672-0119																									
Country USA		4. FEI Number NOT APPLICABLE																									
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 AVE. TAMPA, FL 33603		7. Name and Address of New Registered Agent Name ANTHONY J BORRELL, JR. Street Address (P.O. Box Number is Not Acceptable) 3536 N. Nebraska Ave City Tampa																									
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 2-10-06																									
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">GST</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BORRELL, ANTHONY V JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3536 NORTH NEBRASKA AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33603</td> <td></td> </tr> </table>		TITLE	GST	<input type="checkbox"/> Delete	NAME	BORRELL, ANTHONY V JR		STREET ADDRESS	3536 NORTH NEBRASKA AVENUE		CITY-ST-ZIP	TAMPA, FL 33603		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">Mgr. S.T.</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	Mgr. S.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 2/16/06		Daytime Phone # 813.251.5050																									

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