
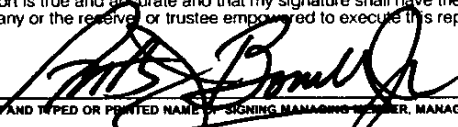


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90344 049 \*\*\*\*55.00

<b>DOCUMENT # L00000010258</b> 1. Entity Name <b>Y-NOT-4, LLC</b>					
Principal Place of Business <b>3536 NORTH NEBRASKA AVENUE</b> <b>TAMPA, FL 33603 US</b>			Mailing Address <b>PO BOX 172119</b> <b>TAMPA, FL 33672-0119 US</b>		
2. Principal Place of Business - No P.O. Box # <b>3414 Bay To Bay Blvd.</b> Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>TAMPA, FL</b>			City & State Suite, Apt. #, etc.		
Zip <b>33629</b>		Country <b>USA</b>		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>BORRELL, ANTHONY J JR</b> <b>3536 N NEBRASKA A</b> <b>TAMPA, FL 33603</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>3414 Bay To Bay Blvd #200</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33629</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRS</b> <b>BORRELL, ANTHONY V JR</b> <b>3536 NORTH NEBRASKA AVENUE</b> <b>TAMPA, FL 33603</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR, ST</b> <b>PO Box 172119</b> <b>Tampa, FL 33622</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
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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 608, Florida Statutes.					
SIGNATURE: 			3/19/07 823-835-6788		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		