


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000018441</b> 1. Entity Name YOGI OF LAKE CITY, LLC	
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Principal Place of Business RT. 22 BOX 2357 LAKE CITY, FL 32024	Mailing Address RT. 22 BOX 2357 LAKE CITY, FL 32024
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**DO NOT WRITE IN THIS SPACE**



03202004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3750065	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  SONI, DHIMANT RT. 22 BOX 2357 LAKE CITY, FL 32024
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>	000000095600 03/24/04-80040-003 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SONI, DHIMANT RT 22, BOX 2357 LAKE CITY, FL 32024
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> 	3/18/04 (386)754-0300
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>