

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011183

**FILED**  
**Jan 15, 2005**  
**Secretary of State**

**Entity Name:** YASHU ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

602 PIKAKLAKAHA AVENUE  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

9128 SOUTH EAST BRIDGE ROAD  
A  
HOBE SOUND, FL 33455

**Current Mailing Address:**

PO BOX 626  
AUBURNDALE, FL 33823

**New Mailing Address:**

9128 SOUTH EAST BRIDGE ROAD  
A  
HOBE SOUND, FL 33455

**FEI Number:** 32-0013447

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PATEL, YASHOMATI  
602 PIKAKLAKAHA AVENUE  
AUBURNDALE, FL 33823 US

**Name and Address of New Registered Agent:**

PATEL, YASHOMATI A MRS.  
9033 SOUTH EAST HOBE RIDGE AVENUE  
HOBE SOUND, FL 33455 US

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.

SIGNATURE: YASHOMATI

01/15/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: PATEL, YASHOMATI  
Address: 602 PIKAKLAKAHA AVENUE  
City-St-Zip: AUBURNDALE, FL 33823

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PATEL, YASHOMATI A MRS.  
Address: 9128 SOUTH EAST BRIDGE ROAD  
City-St-Zip: HOBE SOUND, FL 33455

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: YASHOMATI

MGRM

01/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date