2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000026481 1. Entity Name YAUN ADVERTISING, L.L.C.					Secretary of State 02-23-2006 90231 032 ****50.00				
1801 HALST	e of Business EAD BLVD. EFFL 32309	Mailing Address 1 801-HALSTE AD BLVD. TALLAHASSEE, FL3230	09						
2. Principal Place of Business Yeur allets ythe Suite, Apt. #, etc.		3. Mailing Address 1538 Netropoly Luc 5/00 Suite, Apt. 4, etc.							
Gity & State A		Copy & State		02062006 4. FEI Numb	Chg-LLC er	CR2E0	083 (11/05) Ap	plied For	
2) 711 C LUSA		32308 COUNTY		33-1025213 Not Applicable 5. Certificate of Status Desired \$5.00 Additional					
6. Name and Address of Current I					Ì	Address of New R		Fee Require	d
YAUN, GLORIA				Name Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE, FL 32309			_	Street Address (I	P.O. BOX NUMB	er is Not Acceptable			
	3230(-	City				Zip Cod	
8. The above named entity submits this statement for the purpose of changing its registe				•	ed agent, or bo	th, in the State of Flo	FL vida Lam	1	
the obligations/of registered agent. SIGNATURE Signature equired when reinstiting) CATE									
Filing Fee is \$50.00 Due by May 1, 2006							_	ayable to ent of State	: 3
9.	MANAGING MEMBER		10.			ADDITIONS	CHANGES		
TITLE NAME	PRIN YAUN, GLORIA	☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS	2689 SALT RD.		1	ADDRESS					
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-S	ST - ZDP					
TITLE NAME		☐ Delete	TITLE					Change .	Addition
STREET ADDRESS			-	ADDRESS		•			
CITY-ST-ZIP			CITY-S	ST-ZIP		₹ .			
TITLE NAME		☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS	· -		- 8	ADORESS	•	,	_		
CITY-ST-ZIP	4	· · · · · · · · · · · · · · · · · · ·	CITY-S	ST-ZIP			<u>`</u> .		
TITLE		Delete	TITLE NAME				-	. Change	☐ Addition
STREET ADDRESS				ADDRESS		-	-	_	
CITY-ST-ZIP			CITY-S	51-2IP					
TITLE Name		☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS			STREET	ADDRESS					
CITY-ST-ZIP			CITY-S	ST-ZIP					
TITLE NAME		☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS			STREET	ADDRESS					
CITY-ST-ZIP	<u> </u>		CITY-S	i					
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.									