

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90293 009 ****55.00

DOCUMENT # L02000029539

1. Entity Name
Y-NOT-68, LLC



Principal Place of Business
3601 N. NEBRASKA AVENUE
TAMPA, FL 33603

Mailing Address
3601 N. NEBRASKA AVENUE
TAMPA, FL 33603

2. Principal Place of Business
3536 N. NEBRASKA AVE.
Suite, Apt. #, etc.

3. Mailing Address
3536 N. NEBRASKA AVE
Suite, Apt. #, etc.



03162005 Chg-LLC CR2E083 (10/03)

City & State
TAMPA, FL
Zip
33603
Country
USA

City & State
TAMPA, FL
Zip
33603
Country
USA

4. FEI Number
26-2605640
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BORRELL, ANTHONY J JR
3601 N. NEBRASKA AVENUE
TAMPA, FL 33603

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRS
BORRETT, ANTHONY J
3601 N NEBRASKA AVE
TAMPA, FL 336035094 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mr. S.T.
BORRELL, Anthony J.
3536 N. NEBRASKA AVE.
TAMPA, FL 33603 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/22/05 813-228-7303