2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L02000029539 02-21-2006 90177 041 ****55.00 1. Enlity Name Y-NOT-68, LLC Principal Place of Business Mailing Address 3536 NORTH NEBRASKA AVENUE 3536 NORTH NEBRASKA AVENUE ~20009484 TAMPA FL 33603 US TAMPA FL 33603 US 3. Mailing Address P. O. Box 2. Principal Place of Business 172119 Suite, Apt. #, etc. Suite, Apt. #, etc. 02102006 CR2E083 (11/05) Chg-Li PEI Number City & State City & State Applied For 26-2605640 Not Applicable US A Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Bolle I/, ANTHONY Street Address (P.O. Box Number is Not Acceptable) **BORRELL, ANTHONY J JR** 3601 N. NEBRASKA AVENUE **TAMPA, FL 33603** N. Nebraska Av. 33603 of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named end submits this state and to the purpose Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR, S.T. BORREIL, ANTHONY J P.O. Box 172119 **GST** TITLE ☐ Detete TITLE Addition BORRELL, ANTHONY J NAME NAME 3536 NORTH NEBRASKA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-Z-P TAMPA, FL 33603 CITY-ST-ZIP +1336 TITLE ☐ Delete DILE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7/P TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 signapare shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company cyclic economic or trustee anowered to execute this report as required by Chapter 608, Florida Statutes. G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 813-251-5050 SIGNATURE Daytime Phone # BORRell, Ja

FILED

Feb 21, 2006 8:00 am