


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90344 043 ****50.00

DOCUMENT # L02000029539		
1. Entity Name Y-NOT-68, LLC		

Principal Place of Business 3536 NORTH NEBRASKA AVENUE TAMPA, FL 33603 US	Mailing Address PO BOX 172119 TAMPA, FL 33672 US
--	--

60056054



2. Principal Place of Business - No P.O. Box # <i>3414 Bay To Bay Blvd. #200</i>	3. Mailing Address Suite, Apt. #, etc.
---	---

03122007 Chg-LLC CR2E083 (12/06)

City & State <i>Tampa, FL</i>	City & State
Zip <i>33629</i>	Country <i>USA</i>

4. FEI Number 26-2605640	Applied For Not Applicable
-----------------------------	-------------------------------

6. Name and Address of Current Registered Agent	
BORRELL, ANTHONY J JR 3536 N NEBRASKA AVE TAMPA, FL 33603	

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <i>3414 Bay To Bay Blvd. #200</i>	
City <i>Tampa</i>	State <i>FL</i>
Zip Code <i>33629</i>	

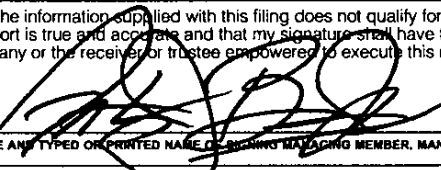
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	DATE
-----------	------

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BORRELL, ANTHONY J JR, MGR PO BOX 172119 TAMPA, FL 33603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGR, S, T</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Tampa, FL 33672</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: 	Date <i>3/19/07</i>	Daytime Phone # <i>813-835-6788</i>
--	------------------------	--