

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000017663						
1. Entity Name YASHASIM, LLC						
Principal Place of Business 6100 HOLLYWOOD BOULEVARD 7TH FLOOR HOLLYWOOD, FL 33024			Mailing Address 6100 HOLLYWOOD BOULEVARD 7TH FLOOR HOLLYWOOD, FL 33024			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
				Country		
6. Name and Address of Current Registered Agent TANEY, DAVID 6100 HOLLYWOOD BOULEVARD 7TH FLOOR HOLLYWOOD, FL 33024				7. Name and Address of New Registered Agent 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, 2006			Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	MGRM ☐ Delete			TITLE	☐ Change ☐ Addition	
NAME	FALIC, SIMON			NAME		
STREET ADDRESS	6100 HOLLYWOOD BOULEVARD, 7TH FLOOR			STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33024			CITY-ST-ZIP		
TITLE	MGRM ☐ Delete			TITLE	☐ Change ☐ Addition	
NAME	FALIC, JEROME			NAME		
STREET ADDRESS	6100 HOLLYWOOD BOULEVARD, 7TH FLOOR			STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33024			CITY-ST-ZIP		
TITLE	MGRM ☐ Delete			TITLE	☐ Change ☐ Addition	
NAME	FALIC, LEON			NAME		
STREET ADDRESS	6100 HOLLYWOOD BOULEVARD, 7TH FLOOR			STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33024			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-ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				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 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 # _____		



01272006 Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0692080 Applied For Not Applicable

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

UN00000439207
03/01/06 80037-015 50.00