


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000019298
 1. Entity Name
 YO CAPEESH, LLC



Principal Place of Business
 8327 SW 17TH LANE
 GAINESVILLE, FL 32606

Mailing Address
 8327 SW 17TH LANE
 GAINESVILLE, FL 32606

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07112005No Chg-LLC CR2E083 (10/03)

4. FEI Number 52-2392247	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARIDI, JAMES G
 8327 SW 17TH LANE
 GAINESVILLE, FL 32606

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARIDI, JAMES G 8327 SW 17TH LANE GAINESVILLE, FL 32604
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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: *James G Caridi* Date: 7/15/05 Daytime Phone #: 352.265.0116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE