## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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STREET ADDRESS
CITY-ST-ZIP

## Jul 18, 2005 08:00 AM Secretary of State DOCUMENT # L03000019298 1. Entity Name YO CAPEESH, LLC Principal Place of Business Mailing Address 8327 SW 17TH LANE GAINESVILLE, FL 32606 8327 SW 17TH LANE GAINESVILLE, FL 32606 07112005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2392247 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARIDI, JAMES G DO NOT WRITE 8327 SW 17TH LANE GAINESVILLE, FL 32606 IN THIS SPACE 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. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 7, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM U00000373446 07/18/05-80016-001 50.00 CARIDI, JAMES G NAME STREET ADDRESS 8327 SW 17TH LANE CITY-ST-ZIP GAINESVILLE, FL 32604 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED** 

11. I hereby certify that the information supplied with this filling 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: 352.265.0116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Date Date Dayling Phone #