


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000019298</b> 1. Entity Name YO CAPEESH, LLC	
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Principal Place of Business 8327 SW 17TH LANE GAINESVILLE, FL 32606	Mailing Address 8327 SW 17TH LANE GAINESVILLE, FL 32606
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02232007 No Chg-LLC      CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

<b>6. Name and Address of Current Registered Agent</b>  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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2007**

U00000651287  
03/09/07-80001-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	CARIDI, JAMES G
STREET ADDRESS	8327 SW 17TH LANE
CITY-ST-ZIP	GAINESVILLE, FL 32604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**       2/26/07      352-265-0116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #