

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024598

Entity Name: YECU, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

540 NW 165TH ST RD
SUITE 310
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

540 NW 165TH ST RD
SUITE 310
MIAMI, FL 33169

New Mailing Address:

FEI Number: 20-0429489 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

YECUTIELI, SAMUEL E
540 NW 165TH ST RD
SUITE 310
MIAMI, FL 33169 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: YECUTIELI, SAMUEL EYAL
Address: 100 BAYVIEW ROAD, STE. 1906
City-St-Zip: SUNNY ISLES, FL 33160

Title: MGR () Delete
Name: GROSS, DEBBIE
Address: 100 BAYVIEW ROAD, STE. 1906
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: YECUTIELI, SAMUEL EYAL
Address: 2040 NE 214TH TER
City-St-Zip: MIAMI, FL 33179

Title: MGR (X) Change () Addition
Name: GROSS, DEBBIE
Address: 2040 NE 214TH TER
City-St-Zip: MIAMI, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SAMUEL YECUTIELI

MGR

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date