


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90344 048 ****50.00

DOCUMENT # L04000036934		
1. Entity Name Y-NOT-7, LLC		

Principal Place of Business 3536 N. NEBRASKA AVE. TAMPA, FL 33603	Mailing Address P.O. BOX 172119 TAMPA, FL 33672-0119
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2. Principal Place of Business - Not P.O. Box # 3414 Bay To Bay Blvd.	3. Mailing Address Suite, Apt. #, etc.
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City & State Tampa, FL	City & State
Zip 33629	Country USA

6. Name and Address of Current Registered Agent BORRELL, ANTHONY J JR. 3536 N. NEBRASKA AVE. TAMPA, FL 33603	
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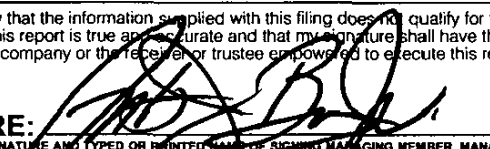
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3414 Bay To Bay Blvd. #200 City Tampa FL Zip Code 33629	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS BORRELL, ANTHONY J JR 3536 NEBRASKA AVE. TAMPA, FL 33603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, ST P.O. Box 172119 Tampa, FL 33672 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	Date 3/19/07 Daytime Phone # 813-835-6788