


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-16-2007 90344 046 \*\*\*\*50.00

<b>DOCUMENT # L04000036939</b>		
1. Entity Name Y-NOT-9, 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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60036829



2. Principal Place of Business - No P.O. Box # 3414 Bay to Bay Blvd.	3. Mailing Address Suite, Apt. #, etc.
City & State Tampa, FL	City & State
Zip 33629	Country USA

03122007 Chg-LLC CR2E083 (12/06)

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS BORRELL, ANTHONY J JR. 3536 N. NEBRASKA AVE. TAMPA, FL 33603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, S, T 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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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

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:**  **3/19/07** **813-835-6788**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #