

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053978

FILED
Sep 07, 2005
Secretary of State

Entity Name: YES WE KEN LIMITED LIABILITY COMPANY

Current Principal Place of Business:

8231 PRINCETON SQUARE BLVD W
1516
JACKSONVILLE, FL 32256 US

Current Mailing Address:

8231 PRINCETON SQUARE BLVD W
1516
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

4915 BAYMEADOWS RD
11C
JACKSONVILLE, FL 32217 US

New Mailing Address:

4915 BAYMEADOWS RD
11C
JACKSONVILLE, FL 32217 US

FEI Number: 20-1429659 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:

BARBARA, KENIO A MR
8231 PRINCETON SQUARE BLVD W
1516
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

BARBARA, KENIO A MR
4915 BAYMEADOWS RD
11C
JACKSONVILLE, FL 32217 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:

09/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARBARA, KENIO A MR
Address: 8231 PRINCETON SQUARE BLVD W
City-St-Zip: JACKSONVILLE, FL 32256 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BARBARA, KENIO A MR
Address: 4915 BAYMEADOWS RD 11C
City-St-Zip: JACKSONVILLE, FL 32217 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KENIO BARBARA

CEO

09/07/2005

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