

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069314

FILED  
Mar 24, 2006  
Secretary of State

Entity Name: YADDA YADDA SISTERHOOD LLC

**Current Principal Place of Business:**

3938 LAKE PADGETT DR.  
LAND O' LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

3938 LAKE PADGETT DR  
LAND O' LAKES, FL 34639

**New Mailing Address:**

FEI Number: 41-2151713

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOLNAR, SHARON  
3837 LAKE JOYCE DR  
LAND O' LAKES, FL 34639 US

**Name and Address of New Registered Agent:**

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: MGRM ( ) Delete  
Name: MOLNAR, SHARON  
Address: 3837 LAKE JOYCE DR  
City-St-Zip: LAND O' LAKES, FL 34639

Title: MGRM ( ) Delete  
Name: GRAZIANI, DEBORAH  
Address: 3096 LAKE PADGETT DR  
City-St-Zip: LAND O LAKES, FL 34639

Title: MGRM (X) Delete  
Name: ALLEN, LESLIE  
Address: 3327 LAKE PADGETT DR  
City-St-Zip: LAND O' LAKES, FL 34639

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHARON MOLNAR

MGR

03/24/2006

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