


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90150 030 \*\*\*\*50.00

<b>DOCUMENT # L04000080358</b> 1. Entity Name <b>4 3/4 LLC</b>					
Principal Place of Business <b>1000 ADMIRALTY PARADE NAPLES, FL 34102</b>			Mailing Address <b>C/O JAD CONSULTING, LLC 61 BROADWAY STE 1710 NEW YORK, NY 10006 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>20-1895673</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>CLASP INC. 3001 TAMiami TRAIL NORTH, 4TH FLOOR NAPLES, FL 34103</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$5.00 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YUNKER, BRYANT JR 1000 ADMIRALTY PARADE NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	YUNKER, BRYANT JR.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YUNKER, NANCY B 1000 ADMIRALTY PARADE NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	YUNKER, NANCY B.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YUNKER, DOROTHY 4233 GORDON DR NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	YUNKER, DOROTHY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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: X (Signature) _____ Date: (312) 509-3525					