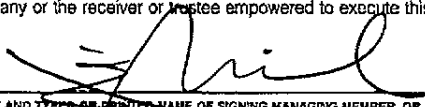


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000086358		
1. Entity Name YO LLC		
Principal Place of Business C/O GLINSKY 169 E FLAGLER ST., STE 1118 MIAMI, FL 33131		Mailing Address C/O GLINSKY 169 E FLAGLER ST., STE 1118 MIAMI, FL 33131
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GLINSKY, MICHAEL 169 E. FLAGLER ST., SUITE 118 MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAJKSEL, YRIT 169 E. FLAGLER ST., SUITE 1118 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAIKSEL, YAIR 169 E. FLAGLER ST., SUITE 1118 MIAMI, FL 33131	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		1/13/06 786 385 8698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #



01112006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1940029	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

DO NOT WRITE
IN THIS SPACE