
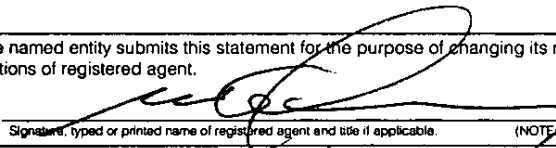


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90228 010 ****50.00

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	
2. Principal Place of Business - No P.O. Box # C/O GLINSKY 169 E FLAGLER ST.,		3. Mailing Address C/O GLINSKY 169 E FLAGLER ST.,	
Suite, Apt. #, etc. STE 1620		Suite, Apt. #, etc. STE 1620	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33131	Country US	Zip 33131	Country US
6. Name and Address of Current Registered Agent GLINSKY, MICHAEL 169 E. FLAGLER ST., SUITE 118 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name GLINSKY, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 169 E. FLAGLER ST., SUITE 1620 City MIAMI FL Zip Code 33131	
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 04-04-07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAJKSEL, YRIT 169 E. FLAGLER ST., SUITE 1118 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAIKSEL, YAIR 169 E. FLAGLER ST., SUITE 1620 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAIKSEL, YAIR 169 E. FLAGLER ST., SUITE 1118 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAIKSEL, YAIR 169 E. FLAGLER ST., SUITE 1620 MIAMI, FL 33131 <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04-04-07 (305) 358-4466