

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000000067

1. Entity Name
YAB IV, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 10:42

Principal Place of Business
260 CRANDON BLVD.
48
KEY BISCAVNE, FL 33149 US

Mailing Address
260 CRANDON BLVD.
48
KEY BISCAVNE, FL 33149 US

2. Principal Place of Business
782 NW Le Jeune Rd.
Suite, Apt. #, etc.
Suite 650

3. Mailing Address
782 NW Le Jeune Rd.
Suite, Apt. #, etc.
Suite 650

City & State
Miami Florida

City & State
Miami Florida

Zip
33126

Country

Zip
33126

Country



04052006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3265922

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SALAZAR, LISETTE
260 CRANDON BLVD.
48
KEY BISCAVNE, FL 33149

7. Name and Address of New Registered Agent
Name
Jacomino, Antonio D.
Street Address (P.O. Box Number is Not Acceptable)
782 NW Le Jeune Rd.
Suite 650
City
Miami FL Zip Code
33126

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 DATE 4/12/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPRA, ALESSANDRO 260 CRANDON BLVD. #48 KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPRA, NICCOLO 260 CRANDON BLVD. #48 KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE CAPRA, FRANCOIS A 260 CRANDON BLVD. #48 KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300074087323 05/08/06--01004--004 <input type="checkbox"/> Change <input type="checkbox"/> Addition \$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: DATE 4/12/06 305-442-2470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #