

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000000067

Entity Name: YAB IV, LLC

**FILED**  
**Jun 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5805 BLUE LAGOON DR  
SUITE 220  
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

5805 BLUE LAGOON DR  
SUITE 220  
MIAMI, FL 33126 US

**New Mailing Address:**

FEI Number: 20-3265922

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JACOMINO, ANTONIO D  
5805 BLUE LAGOON DR  
SUITE 220  
MIAMI, FL 33126 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: MGR  
Name: CAPRA, ALESSANDRO  
Address: 5805 BLUE LAGOON DRIVE, SUITE 220  
City-St-Zip: MIAMI, FL 33131 US

Title: MGR  
Name: CAPRA, NICCOLO  
Address: 5805 BLUE LAGOON DRIVE, SUITE 220  
City-St-Zip: MIAMI, FL 33131 US

Title: MGR  
Name: DE CAPRA, FRANCOIS A  
Address: 5805 BLUE LAGOON DRIVE, SUITE 220  
City-St-Zip: MIAMI, FL 33131 US

I hereby 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: ALESSANDRO CAPRA

MGR

06/15/2010

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