FILED 5, 2007 8:00 am 4 ary of State ****50.00

| 2007 LIMITED LIABILITY CON ANNUAL REPORT | Secretary of | |
|---|--------------|----------------------|
| OCUMENT # L05000009564 | | 07-05-2007 90154 030 |

| 1. Entity Name | CUMENT # L05000009564 YODAYA, LLC | | | | | 07-05-200 | - | | |
|--|--|---|---------------------------|--|-------------------------------------|-------------------------|-----------------------------|------------------------|---------------------------|
| Principal Place of Business 1334 CRIMSON CLOVER LANE WESLEY CHAPEL, FL 33543 US Mailing Address 1334 CRIMSON CLOVER WESLEY CHAPEL, FL 33543 | | | US | ሻብ ት _{ጠጣ -} | | | | | |
| 2. Principal Pl | lace of Business - No P.O. Box # | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 06272007 | Chg-LLC | CR2E083 | (12/06) | | |
| City & State | 9 | City & State | | | 4. FEI Numb | er ED FOR | | _ | plied For t Applicable |
| Zip | Country | Zip | Coun | try | 5. Certificate | of Status Desired | | 5.00 Add e Required | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name an | d Address of New F | Registered Ag | ent | |
| PATEL, SHILPA A 1334 CRIMSON CLOVER LANE WESLEY CHAPEL, FL 33543 | | | Name Street Address | (P.O. Box Numb | per is Not Acceptabl | le) | | | |
| | | | | City | | | FL | Zip Code |) |
| 8. The above | named entity submits this statement for | r the purpose of changing its | s register | d office or registe | red agent, or be | oth, in the State of FI | | niliar with. | and accept |
| the obligati | ions of registered agent. | , the perpose of one igning to | a rogration | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | and title if applicable. (NO | TE: Registere | d Agent signature require | d when reinstating) | | DATE | | |
| | ing Fee is \$50.00 by September 14, 2007 | | | | | | ke check pay a Departmen | | , |
| 9 | MANAGING MEMBE | RS/MANAGERS | 10. | | · | ADDITIONS | /CHANGES | | |
| INFLE | MGR | Delete | TITL | | | | | Change | ☐ Addition |
| NAME Street address (City-St-Zip | PATEL, SHILPA A 1334 CRIMSON CLOVER LANE WESLEY CHAPEL, FL 33543 | | | ET ADDRESS - ST-ZIP | | | | | |
| TITLE | MGRM | Delete | TITL | : | | - | ý | Change. | Addition |
| (AME | PATEL, GHANSHYM | | NAM | 77 | | race Bo | ok Plac | <u> </u> | |
| STREET AODRESS STY+ST-ZIP | 13924 SHADY SHORE DRIVE TAMPA, FL 33613 | | | ET ADDRESS -ST-ZIP | mple | COURS, S | -L = 33 | 37 | |
| ПТЕ | | ☐ Delete | TITL | · · | | | |] Change | Addition |
| NAME | | | NAM | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | 9 | -ST-ZiP | | | | | |
| TITLE | | ☐ Delete | TITU | <u> </u> | | | | Change | Addition |
| NAME | | | NAM | | | | | | |
| STREET ADDRESS CITY+ST-ZIP | | | | ET ADDRESS - ST-ZiP | | | | | |
| TITLE | | ☐ Delete | TITL | E | | | | Change | Addition |
| NAME | | | NAM | E ET ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | -ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITU | | | | | Change | Addition |
| VAME Street Address City-St-Zip | | | | E .et address -st-zip | | | | | |
| indicated | sertify that the information supplied with on this report is true and accurate and billity company or the ECOLOGY or trustee | that my signature shall have e empowered to execute this | e the same s report as | e legal effect as if r s required by Chap | made under oat oter 608, Florida | h∵that Iam a mana | ging member $8/3$ | or manage | rmation of the |