

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018120

Entity Name: YAKA FLORIDA, LLC

FILED
Aug 17, 2006
Secretary of State

Current Principal Place of Business:

930 S. HARBOR CITY BLVD., SUITE 505
MELBOURNE, FL 32901

New Principal Place of Business:

1201 GEORGE BUSH BLVD.
DELRAY BEACH, FL 33483

Current Mailing Address:

930 S. HARBOR CITY BLVD., SUITE 505
MELBOURNE, FL 32901

New Mailing Address:

1201 GEORGE BUSH BLVD.
DELRAY BEACH, FL 33483

FEI Number: 20-3269846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FRESE, GARY B
930 S. HARBOR CITY BLVD., SUITE 505
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

BALLERANO, JAMES A JR
1201 GEORGE BUSH BLVD
DELRAY BEACH, FL 33483 US

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: JAMES A. BALLERANO, JR.

08/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MULLIEZ, FRANCIS
Address: 930 S. HARBOR CITY BLVD., SUITE 505
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MULLIEZ, FRANCOISE
Address: 1201 GEORGE BUSH BLVD
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: FRANCOISE MULLIEZ

MGMR

08/17/2006

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