


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90180 017 \*\*\*\*50.00

<b>DOCUMENT # L06000065833</b> 1. Entity Name <b>YOUNIQUE LLC</b>					
Principal Place of Business <b>2501 NE 35TH DRIVE FORT LAUDERDALE, FL 33308 US</b>			Mailing Address <b>2501 NE 35TH DRIVE FORT LAUDERDALE, FL 33308 US</b>		
2. Principal Place of Business - No P.O. Box # <b>110 E. BROWARD BLVD.</b> Suite, Apt. #, etc. <b>#1700</b> City & State <b>FORT LAUDERDALE, FL</b> Zip <b>33301</b>		3. Mailing Address <b>110 E. BROWARD BLVD.</b> Suite, Apt. #, etc. <b>#1700</b> City & State <b>FORT LAUDERDALE, FL</b> Zip <b>33301</b>		05092007 Chg-LLC CR2E083 (12/06)	
4. FEI Number <b>20-5153763</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>FORM-A-CORP, INC. 100 VILLAGE SQUARE CROSSING SUITE 103 PALM BEACH GARDENS, FL 33410</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM STREHLER, GABY 2501 NE 35TH DRIVE FORT LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM RATASSEPP, ERIK 2501 NE 35TH DRIVE FORT LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM A. TISH MERCER 4800 S. CHICAGO BEACH BLVD. # 1616 N. CHICAGO, IL 60615</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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	
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	
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.					
<b>SIGNATURE: <u>ERIK RATASSEPP</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>5/17/07 954-790-3280</b> <small>Date Daytime Phone #</small>		

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