
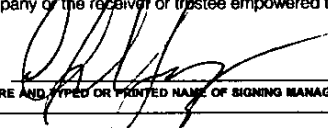


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90027 023 \*\*\*138.75

<b>DOCUMENT # L06000089069</b>					
<b>1. Entity Name</b> YB INVESTMENTS I LLC					
<b>Principal Place of Business</b> 1619 RINEHART RD. SANFORD, FL 32771			<b>Mailing Address</b> 1619 RINEHART RD. SANFORD, FL 32771		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
04222008			Chg-LLC		CR2E083 (12/06)
<b>4. FEI Number</b> 20-5831631				<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
YOUNG, CHRISTOPHER S 1619 RINEHART ROAD LONGWOOD, FL 32771			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$138.75</b> After May 1, 2008 Fee will be \$538.75			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b>	<b>MGRM</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>	YOUNG, CHRISTOPHER	<b>NAME</b>			
<b>STREET ADDRESS</b>	1619 RINEHART RD.	<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	SANFORD, FL 32771	<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>MGRM</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>	YOUNG, TODD	<b>NAME</b>			
<b>STREET ADDRESS</b>	1619 RINEHART RD.	<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	SANFORD, FL 32771	<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>		<b>NAME</b>			
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>		<b>NAME</b>			
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>		<b>NAME</b>			
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>			
<b>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>					
<b>SIGNATURE:</b> 			4/23/08 407322 6660		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #