

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

9/9/2008-90032-013-\$138.75-\$138.75

**FILED**

2008 SEP 25 PM 4:18


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08202008 No Chg-LLC CR2E083 (12/07)

**DOCUMENT # L07000062205**

1. Entity Name  
YB INVESTMENTS II LLC



Principal Place of Business 1619 RINEHART RD SANFORD, FL 32771	Mailing Address 1619 RINEHART RD SANFORD, FL 32771
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**DO NOT WRITE IN THIS SPACE**

4. FEI Number 26-0349193	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

YB INVESTMENTS I LLC  
1619 RINEHART RD  
SANFORD, FL 32771

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008**

in accordance with s. 607.183(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNG, CHRISTOPHER 1819 RINEHART RD SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNG, TODD 1619 RINEHART RD SANFORD, FL 32771
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE: \_\_\_\_\_

9/24/08 487 322 6666

SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #