

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90236 040 \*\*\*\*50.00

DOCUMENT # L99000004765  
1. Entity Name  
YAHYA ONE, L.L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4908 Watervista Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
4908 Watervista Dr.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Orlando, FL  
Zip 32821 Country US

City & State Orlando, FL  
Zip 32821 Country US

4. FEI Number 59-3595803 Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name ABDULLAH, ABDULFATTAH A  
Street Address (P.O. Box Number is Not Acceptable) 4908 Watervista Drive  
City Orlando FL Zip Code 32821

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.

SIGNATURE Abdul Fattah Abdulfattah Abdullah DATE 4/15/02  
Signature, typed or printed name of registered agent and date if applicable.

**FEE IS \$50.00.**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MGRM Abdullah, Abdulfattah, A 4908 Watervista Drive Orlando, FL 32821</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Abdul Fattah DATE 4/15/02 407-354-1491  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE