## 2005 LIMITED LIABILITY COMPANY

## Mar 17, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L97000000930 03-17-2005 90136 044 \*\*\*\*50.00 YDB REALTY L.C. Principal Place of Business Mailing Address 1 FINANCIAL PLAZA, SUITE 2001 2002931 1101 NW 22ND AVENUE FT LAUDERDALE, FL 33394 MIAMI, FL 02102005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0775368 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WASERSTEIN, RICHARD DO NOT WRITE 913 NORMANDY DRIVE MIAMI BEACH, FL 33141 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) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME YEHEZKEL, HAIM **210 71ST STREET SUITE 309** STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33141 MGRM DISHI, AVI NAME STREET ADDRESS **601 W 182ND STREET** CITY-ST-ZIP NEW YORK, NY 10033 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this flying 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 national function of the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the national function of the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the national function of the limited liability company or the national function of the limited liability company or the national function of the limited liability company or the national function of the limited liability company or the national function of the limited liability company or the national function of the limited liability company or the national function of the limited liability company or the national function of the limited liability company or the national function of the limited liability company or the national function of the limited liability company or the national function of the limited liability company or the national function of the limited liability company or the national function of the limited liability company or the national function of the limited liability company or the national function of the national function of the liability company or the national function of the

SIGNATURE: TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED