File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY & Katherine Harris ANNUAL REPORT FILED Secretary of State DIVISION OF CORPORATIONS 1999 99 MAR 17 AM 8: 17 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECHLIARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # 198000000289 Name and Mailing Address of Limited Liability Company YDB THREE LAKES, L.C. 1a. Principal Place of Business Address 1991 NE 163RD STREET 1991 NE 163RD STREET NORTH MIAMI FL 33162 NORTH MIAMI FL 33162 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 03/10/1998 FI. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0827864 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zio Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office WASERSTEIN, RICHARD 913 NORMANDY DRIVE Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33141 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. DATE SIGNATURE _____ (Boystered Agent Accepting Approximent) (INCHE, Boyste half Agent a gradual responsible to a desprise for a data **Business Street Address** City. State and Zip Code 10. Title Managing Members/Managers **MBR** BERAHA, YASEF 1991 NE 163RD STREET NORTH MIAMI FL 300002819263- -**8** -03/26/33--01010--017 ****188.75 ****188.75 3-24-99 not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. I further certify that the information 11. I do hereby certify that the information supplied with this fi indicated on this annual report is true and accurate an sanature shall have the same legal effect as if made under oath; that I am a managing member or manager of the thai i fimited liability company or the receiver or fusted execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address × 3-1-99 $SIGNATURE:_X$

OF STRAINS MANAGERS MEMBERS ACTIONAL ACTI

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