


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 24, 2004 8:00 am
Secretary of State

08-24-2004 90048 004 ****50.00

DOCUMENT # L98000000289

1. Entity Name
 YDB THREE LAKES, L.C.



Principal Place of Business
 5100 W COMMERCIAL BLVD.
 TAMARAC, FL 33309

Mailing Address
 601 W 182ND ST
 1ST FLOOR
 NEW YORK, NY 10033

2. Principal Place of Business
 Suite, Apt. #, etc.


3. Mailing Address
 Financial Plaza
 Suite, Apt. #, etc.
 Suite 2001

City & State
 Fort Lauderdale, FL

Zip
 33394

Country
 USA

24081357



07092004 Chg-LLC CR2E083 (10/03)

4. FEI Number
 65-0827864

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WASERSTEIN, RICHARD
 913 NORMANDY DRIVE
 MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
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 September 8, 2004

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DISHI, AVI 601 W 182ND ST NEW YORK, NY 10033 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE