2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Mar 17, 2005 8:00 am Secretary of State

03-17-2005 90137 027 ****50.00

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



Principal Place of Business

Mailing Address

5100 W COMMERCIAL BLVD. TAMARAC, FL 33309

FINANCIAL PLAZA **SUITE 2001** FORT LAUDERDALE, FL 33394



02102005 No 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

913 NORN	TEIN, RICHARD MANDY DRIVE ACH, FL 33141	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: Register	red Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2005					
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DISHI, AVI 601 W 182ND ST NEW YORK, NY 10033				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE			
TITLE NAME Street address City-St-Zip	~	- IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	à				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 flability company or the receiver of musted employed to execute this report as required by Chapter 608. Florida Statutes.					

ATURE AND TYPED OR DRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Davtime Phone #