


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L98000000289

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



Principal Place of Business 210-71ST STREET, SUITE #309 MIAMI BEACH, FL 33141	Mailing Address ONE FINANCIAL PLAZA SUITE 2001 FORT LAUDERDALE, FL 33394
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DO NOT WRITE IN THIS SPACE



01082008No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-0827864	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PIOTRKOWSKI, JOEL S
 317-71ST STREET
 MIAMI BEACH, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000022010
 02/19/08-90049-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DISHI, AVI 601 W 182ND ST NEW YORK, NY 10033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YEHEZKEL, HAIM 210-71ST STREET, SUITE #309 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  2/1/08 954-523-2070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #