


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

08-20-2004 90065 004 \*\*\*\*50.00

**DOCUMENT # L98000000749**

1. Entity Name  
**Y.D.B. SHOPRITE L.C.**



Principal Place of Business  
**775 NW 119TH ST  
 MIAMI, FL**


Mailing Address  
~~601 W 182ND ST~~  
**NEW YORK, NY 10033**

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

3. Mailing Address  
**Financial Plaza  
 Suite 2001**

City & State  
**Fort Lauderdale, FL**

Zip Country  
**33394 USA**



07092004 Chg-LLC CR2E083 (10/03)

**6. Name and Address of Current Registered Agent**

**WASERSTEIN, RICHARD  
 913 NORMANDY DRIVE  
 MIAMI BEACH, FL 33141**

4. FEI Number  
**65-0867616**

Applied For  
 Not Applicable

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

**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.

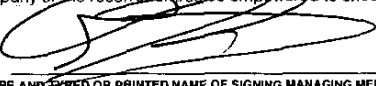
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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:** 

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