

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000149864

FILED
Sep 12, 2006
Secretary of State**Entity Name:** ELIAS BROTHERS COMMUNITIES MANAGEMENT, INC.**Current Principal Place of Business:**15100 COLLIER BOULEVARD
NAPLES, FL 34119**New Principal Place of Business:****Current Mailing Address:**15100 COLLIER BOULEVARD
NAPLES, FL 34119**New Mailing Address:****FEI Number:** 47-0935413**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**HALL, DAVID W
15100 COLLIER BOULEVARD
NAPLES, FL 34119 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ELIAS, OVADIA R
Address: 15100 COLLIER BOULEVARD
City-St-Zip: NAPLES, FL 34119

Title: V (X) Delete
Name: ALICE, MEIR
Address: 15100 COLLIER BOULEVARD
City-St-Zip: NAPLES, FL 34119

Title: T (X) Delete
Name: ALIAS, AVIEL
Address: 15100 COLLIER BOULEVARD
City-St-Zip: NAPLES, FL 34119

Title: V () Delete
Name: YITZHAK, RAHAMIM
Address: 15100 COLLIER BOULEVARD
City-St-Zip: NAPLES, FL 34119

Title: V () Delete
Name: ALIAS, ILAN
Address: 15100 COLLIER BOULEVARD
City-St-Zip: NAPLES, FL 34119

Title: S (X) Delete
Name: HALL, DAVID W
Address: 15100 COLLIER BLVD.
City-St-Zip: NAPLES, FL 34119 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: ELIAS, OVADIA R
Address: 15100 COLLIER BOULEVARD
City-St-Zip: NAPLES, FL 34119 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: YITZHAK, RAHAMIM
Address: 15100 COLLIER BOULEVARD
City-St-Zip: NAPLES, FL 34119 US

Title: V (X) Change () Addition
Name: ALIAS, ILAN
Address: 15100 COLLIER BOULEVARD
City-St-Zip: NAPLES, FL 34119 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OVADIA R. ELIAS

DPTS

09/12/2006

Electronic Signature of Signing Officer or Director

Date