


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000022947 1. Entity Name 3 YYY, LLC	
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Principal Place of Business 2450 NE MIAMI GARDENS DRIVE 2ND FLOOR NORTH MIAMI BEACH, FL 33180 US	Mailing Address 2450 NE MIAMI GARDENS DRIVE 2ND FLOOR NORTH MIAMI BEACH, FL 33180 US
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02142005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1632908	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 SUPRASKI, LOUIS A 2450 NE MIAMI GARDENS DRIVE 2ND FLOOR NORTH MIAMI BEACH, FL FL
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**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: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

000000347632

04/30/05-80122-021 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OREN, YAIR 2450 NE MIAMI GARDENS DR, 2ND FL N. MIAMI BEACH, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLINS, RON 2450 NE MIAMI GARDENS DR, 2ND FL N. MIAMI BEACH, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUBARSKY, JONATHAN 2450 NE MIAMI GARDENS DR, 2ND FL N. MIAMI BEACH, FL 33180
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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/28/05