2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000007794

1. Entity Name
YAD INVESTMENTS, LLC

Principal Place of Business	Mailing Address
C/O 8360 W. OAKLAND PARK BLVD. SUITE 201 SUNRISE, FL 33351	C/O 8360 W. OAKLAND PARK BLVD. SUITE 201 SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

01062006No Chg-LLC CR2E083 (11/05)

4. FEI Number
47-0912275

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SARAF, YOEL
10101 COLLINS AVE.
UNIT 19E
BAL HARBOUR, FL 33154

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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, 2006

U10000478375
04/08/06-80003-011 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KADOCH, DAVID
STREET ADDRESS	C/O 8360 W. OAKLAND PARK BLVD.
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	MGR
NAME	SARAF, YOEL
STREET ADDRESS	10101 COLLINS AVE. UNIT 19E
CITY-ST-ZIP	BAL HARBOUR, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: David Kadoch 3/30/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #