

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000021109

1. Entity Name
YOMTOB VENTURES, LLC



Principal Place of Business
517 LANCASTER STREET
BOCA RATON, FL 33487

US

Mailing Address
14000 MILITARY TRAIL
SUITE 205
DELRAY BEACH, FL 33484

DO NOT WRITE IN THIS SPACE

**FILED
Mar 18, 2005 8:00 am
Secretary of State**

03-18-2005 90385 014 ****50.00

20022337



03052005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0695026	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

MCRAE, MITCHELL T P.A.
6274 LINTON BLVD STE 100
DELRAY BEACH, FL 33484

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOMTOB, BEN 14000 MILITARY TRAIL, SUITE 205 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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

3/10/05

Date

Daytime Phone #