


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2005 8:00 am
Secretary of State

06-23-2005 90051 008 ****50.00

DOCUMENT # L04000074854		
1. Entity Name YDA REALTY LLC		

Principal Place of Business 10800 BISCAYNE BLVD., SUITE 630 MIAMI, FL 33161	Mailing Address 10800 BISCAYNE BLVD., SUITE 630 MIAMI, FL 33161
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2. Principal Place of Business 10800 Biscayne Blvd Suite, Apt. #, etc. #630	3. Mailing Address 10800 Biscayne Blvd. Suite, Apt. #, etc. #630
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City & State Miami, FL	City & State Miami, FL
Zip 33161	Country U.S.A.

20060561



05112005 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3786446	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 DE ABREU, YARA 10800 BISCAYNE BLVD., SUITE 630 MIAMI, FL 33161	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

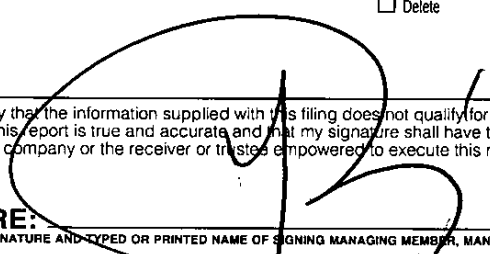
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	DATE 06-13-2005
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Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE ABREU, YARA 10800 BISCAYNE BLVD., SUITE 630 MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date 6/15/05	Daytime Phone #
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