

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079195

Entity Name: YAS REALTY LLC

FILED
Mar 20, 2006
Secretary of State

Current Principal Place of Business:

437 S. OBSERVATORY DR
ORLANDO, FL 32835

New Principal Place of Business:

4316 N PINE HILLS RD
ORLANDO, FL 32808

Current Mailing Address:

437 S. OBSERVATORY DR
ORLANDO, FL 32835

New Mailing Address:

1243 N PINE HILLS RD
ORLANDO, FL 32808

FEI Number: 14-1917374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHARMA, DEO A
7801 BELVOIR DR
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

SHARMA, DEO A
911 HARDWICK AVE
ORLANDO, FL 32825 US

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: DEO A. SHARMA

03/20/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SINGH, PURNESH C
Address: 12307 NW 9TH LANE
City-St-Zip: NEWBERRY, FL 32669

Title: MGR () Delete
Name: SHARMA, KAMLA
Address: 7801 BELVOIR DR
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SINGH, PURNESH C
Address: 4316 N PINE HILLS RD
City-St-Zip: ORLANDO, FL 32808

Title: MGR (X) Change () Addition
Name: SHARMA, KAMLA
Address: 911 HARDWICK AVE
City-St-Zip: ORLANDO, FL 32825

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 is true and accurate and that my electronic 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: KAMLA SHARMA

MGR

03/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date