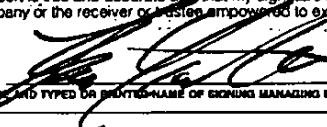


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

03-18-2005 90381 042 ****50.00

DOCUMENT # L04000084828			
1. Entity Name YOMTOB OFFICE HOLDINGS, LLC			
Principal Place of Business 14000 S. MILITARY TRAIL #205 DELRAY BEACH, FL 33484 US		Mailing Address 14000 S. MILITARY TRAIL #205 DELRAY BEACH, FL 33484 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent YOMTOB, BEN 14000 S. MILITARY TRAIL #205 DELRAY BEACH, FL 33484		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOMTOB, BEN 14000 S. MILITARY TRAIL, SUITE #205 DELRAY BEACH, FL 33484 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 person empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: 3/10/05 Daytime Phone #	

30004370



03052005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-2033689** Applied For Not Applicable

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