
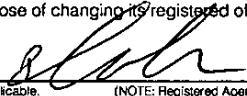
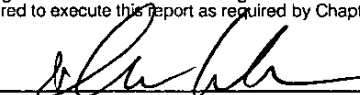


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90066 037 \*\*\*\*50.00

|   |   |                     |  |   |   |
|---|---|---------------------|--|---|---|
| <b>DOCUMENT # L04000093012</b><br>1. Entity Name<br><b>YALI PROPERTIES, LLC</b>   |   |                     |  |  |   |
| Principal Place of Business<br><b>730 NW 7TH AVENUE<br/>BOCA RATON, FL 33486</b>  |   |                     | Mailing Address<br><b>730 NW 7TH AVENUE<br/>BOCA RATON, FL 33486</b> |   |   |
| 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   |   |                     |  | 7. Name and Address of New Registered Agent                                       |   |
| <b>KEDEM, ILAN<br/>730 NW 7TH AVENUE<br/>BOCA RATON, FL 33486</b>   |   |                     |  | Name  |   |
|   |   |                     |  | Street Address (P.O. Box Number is Not Acceptable)                                |   |
|   |   |                     |  |   |   |
|   |   |                     |  | City <span style="float: right;"><b>FL</b></span> 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 <u><b>ILAN KEDEM</b></u>  <span style="float: right;">7/12/05</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |                     |  |   |   |
| <b>Filing Fee is \$50.00<br/>Due by September 7, 2005</b>   |   |                     | <b>Make check payable to<br/>Florida Department of State</b>         |   |   |
| 9. MANAGING MEMBERS/MANAGERS  |   |                     |  | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGR<br/>KEDEM, ILAN<br/>730 NW 7TH AVENUE<br/>BOCA RATON, FL 33486</b> <input type="checkbox"/> Delete |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |                     |  |   |   |
| <b>SIGNATURE: ILAN KEDEM</b>  <span style="float: right;">7/12/05 239-573 8667</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>   |   |                     |  |   |   |

