## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000019066

Name:

Address:

City-St-Zip:

GRAZIANI, IFTAH

NAPLES, FL 34116

1924 SANTA BARBARA BLVD., SUITE #1

Entity Name: YEHUD DEVELOPMENT GROUP 1, LLC

FILED Feb 26, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1924 SANTA BARBARA BLVD. SUITE #1 NAPLES, FL 34116 **New Mailing Address: Current Mailing Address:** 1924 SANTA BARBARA BLVD. SUITE #1 NAPLES, FL 34116 FEI Number: 20-2408047 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRAZIANI, LEEANNE W 1924 SANTA BARBARA BLVD. SUITE #1 NAPLES, FL 34116 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GRAZIANI, RONEN Name: Name: 1924 SANTA BARBARA BLVD., SUITE #1 Address: Address: City-St-Zip: NAPLES, FL 34116 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: GRAZIANI, LEEANNE W Name: Address: 1924 SANTA BARBARA BLVD., SUITE #1 Address: City-St-Zip: NAPLES, FL 34116 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition GRAZIANI, TOMER Name: GRAZIANI, IFTAH Name: 1924 SANTA BARBARA BLVD., SUITE #1 1924 SANTA BARBARA BLVD., SUITE #1 Address: Address: City-St-Zip: NAPLES, FL 34116 City-St-Zip: NAPLES, FL 34116 Title: MGRM (X) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LEEANNE W GRAZIANI MGRM 02/26/2006