FROM : FAX NO. :

FILED
Jul 11, 2006 8:00 am
Secretary of State
07-11-2006 90119 040 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000061956

1. Entity Name
YAFFE INTERNATIONAL REALTY, L.L.C.

Principal Place of Business	Mailing Address
220 OCEAN BLVD. SUNNY ISLES, FL 33160	220 OCEAN BLVD. SUNNY ISLES, FL 33160

07052006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
19300 W. Dixie Hwy		19300 W. Dixie Hwy	
Suite, Apt. #, etc. #6		Suite, Apt. #, etc. #6	
City & State Aventura FL 33180		City & State Aventura FL	
Zip 33180	Country USA	Zip 33180	Country USA

4. FEI Number 20304 5167 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

YAFFE, CLAUDIA G
220 OCEAN BLVD.
SUNNY ISLES, FL 33160

7. Name and Address of New Registered Agent

Name ALFREDO YAFFE
Street Address (P.O. Box Number is Not Acceptable) 19300 W. Dixie Hwy #6
City Aventura FL Zip Code 33180

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 ____________ 07/03/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM YAFFE, CLAUDIA G 19300 W DIXIE HWY STE. 6 NORTH MIAMI BEACH, FL 33180	Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	member YAFFE, Claudia G 19300 W. Dixie Hwy #6 Aventura FL 33180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM YAFFE, ALFREDO 19300 W DIXIE HWY STE. 6 NORTH MIAMI BEACH, FL 33180	☐ 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
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 exemptions contained in Chapter 119, 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: ____________ 07/03/06 (786) 262 1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #