

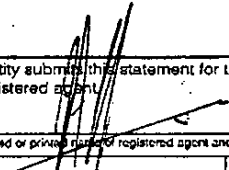
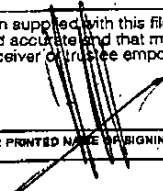
FROM :

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 220 OCEAN BLVD. SUNNY ISLES, FL 33160			Mailing Address 220 OCEAN BLVD. SUNNY ISLES, FL 33160		
2. Principal Place of Business 19300 W. Dixie Hwy Suite, Apt. #, etc. #6		3. Mailing Address 19300 W. Dixie Hwy Suite, Apt. #, etc. #6			
City & State Aventura FL 33180		City & State Aventura FL		4. FEI Number 203045167	
Zip 33180		Country USA		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 				DATE 07/03/06	
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
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: 				DATE 07/03/06 (786) 262 1000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					