

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L98000000289

1. Entity Name

YDB THREE LAKES, L.C.



Principal Place of Business

210-71ST STREET, SUITE #309
MIAMI BEACH, FL 33141

Mailing Address

ONE FINANCIAL PLAZA
SUITE 2001
FORT LAUDERDALE, FL 33394



01082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0827864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIOTRKOWSKI, JOEL S
317-71ST STREET
MIAMI BEACH, FL 33141

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000822010
02/19/08-80049-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DISHI, AVI
STREET ADDRESS	601 W 182ND ST
CITY- ST- ZIP	NEW YORK, NY 10033
TITLE	MGRM
NAME	YEHEZKEL, HAIM
STREET ADDRESS	210-71ST STREET, SUITE #309
CITY- ST- ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/1/08

Date

954-523-2070

Daytime Phone #