

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000149870

**FILED**  
**Oct 20, 2006**  
**Secretary of State****Entity Name:** ELIAS BROTHERS COMMUNITIES AT RAFFIA PRESERVE, INC.**Current Principal Place of Business:**15100 COLLIER BLVD.  
NAPLES, FL 34119 US**New Principal Place of Business:****Current Mailing Address:**15100 COLLIER BLVD.  
NAPLES, FL 34119 US**New Mailing Address:****FEI Number:** 56-2435723      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**HALL, DAVID W  
15100 COLLIER BLVD.  
NAPLES, FL 34119 US**Name and Address of New Registered Agent:**YITZHAK, RAHAMIM  
15100 COLLIER BLVD.  
NAPLES, FL 34119 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: RAHAMIM YITZHAK

10/20/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** DPTS ( ) Delete  
**Name:** ELIAS, OVADIA R  
**Address:** 15100 COLLIER BLVD.  
**City-St-Zip:** NAPLES, FL 34119 US**Title:** V ( ) Delete  
**Name:** YITZHAK, RAHAMIM  
**Address:** 15100 COLLIER BLVD.  
**City-St-Zip:** NAPLES, FL 34119 US**Title:** V ( ) Delete  
**Name:** ALIAS, ILAN  
**Address:** 15100 COLLIER BLVD.  
**City-St-Zip:** NAPLES, FL 34119 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OVADIA R. ELIAS

DPTS

10/20/2006

Electronic Signature of Signing Officer or Director

Date