

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB -8 AM 10:55

DOCUMENT # L00000002559					
1. Entity Name 101 EL VEDADO, L.L.C.					
Principal Place of Business 101 EL VEDADO WAY PALM BEACH, FL 33480			Mailing Address % HECH & CO., NEIL H. MILLMAN 111 W. 40TH ST., 20TH FLOOR NEW YORK, NY 10018		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HELD, JAMES 754 SOUTH COUNTY RD 101 El Vedado Rd. PALM BEACH, FL 33480				Name <u>Held James</u> Street Address (P.O. Box Number is Not Acceptable) <u>101 EL VEDADO WAY</u> City <u>PALM BEACH</u> FL Zip Code <u>33480</u>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KARAKUL, KENN 754 SOUTH COUNTY RD PALM BEACH, FL 33480	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KARAKUL, KENN 101 EL VEDADO WAY PALM BEACH FL 33480	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HELD, JAMES G 754 SOUTH COUNTY RD PALM BEACH, FL 33480	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HELD, JAMES G 101 EL VEDADO WAY PALM BEACH FL 33480	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DUUU66205200 02/20/06--01049--013 **200.00	☐ 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	REINSTATEMENT 05-06	☐ 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: _____ Daytime Phone: _____					