

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #. L00000009093

1. Entity Name  
SADELLE HOLDINGS, L.C.

Principal Place of Business  
940 LINCOLN ROAD, SUITE 319  
MIAMI BEACH FL 33139

Mailing Address  
940 LINCOLN ROAD, SUITE 319  
MIAMI BEACH FL 33139

FILED

01 MAY -1 PM 5:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **757 WASHINGTON AVE, 2ND FLOOR etc.**  
**MIAMI BEACH, FL 33139**  
City & State **Tel: 786.276.9900**  
**Fax: 786.276.9900**

Zip Country Zip Country

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILIPS, DAVID A ESQ.  
940 LINCOLN ROAD, SUITE 319  
MIAMI BEACH FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

*[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 \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **ISLAND DEVELOPMENT CORPORATION**  
STREET ADDRESS **940 LINCOLN ROAD, SUITE 319**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Change ☒ Addition  
NAME **Island Development Corp.**  
STREET ADDRESS **757 Washington Ave**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **MGR** ☐ Delete  
NAME **CARLAN HOLDINGS, INC.**  
STREET ADDRESS **1900 SUNSET HARBOUR DRIVE, SUITE 1606**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Change ☒ Addition  
NAME **Carlan Holdings, Inc.**  
STREET ADDRESS **1800 Sunset Harbour Dr, #1410**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**400004287324-6**  
**-05/22/01-01069-003**  
**\*\*\*350.00 \*\*\*\*\*50.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)