

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90587 048 ****50.00

DOCUMENT # L01000016634
 Entity Name
2214 LLC

Principal Place of Business
**10 SAGAMORE HILL
 GREENWICH OFFICE PLACE
 GREENWICH CT 06831**

Mailing Address
**C/O SAGAMORE HILL
 2 GREENWICH OFFICE PLACE
 GREENWICH CT 06831**

Principal Place of Business
2214 North Miami AVE

Mailing Address
DAVID VARDI 2214 LLC

Suite, Apt. #, etc.
1865 79th CSUN 15/0

City & State
Miami F.L.

City & State
N. Bay Village

Zip
33127

Country
U.S.A.

Zip
33141

Country
USA

4. FEI Number
EIN 26-009992

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

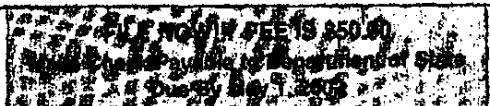
8. Name and Address of Current Registered Agent
**UNITED CORPORATE SERVICES, INC.
 9200 SOUTH DADELAND BLVD., STE. 508
 MIAMI FL 33156**

7. Name and Address of New Registered Agent
 Name **DAVID VARDI**
 Street Address (P.O. Box Number is Not Acceptable)
1865 79th CSUN
APT. 15/0
 City **N. Bay Village** FL Zip Code **33141**

I. 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 *David Vardi* **DAVID VARDI** DATE **4/10/03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)



9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David Vardi* **DAVID VARDI** DATE **4/10/03** (305) 865 6160

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