




FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000023177 1. Entity Name SINAI FTI GROUP, LLC				Secretary of State	
Principal Place of Business 1260 100 STREET BAY HARBOR ISLANDS, FL 33154		Mailing Address 1260 100 STREET BAY HARBOR ISLANDS, FL 33154			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262005 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 55-0804704	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DADE CORPORATE SERVICES, INC. 2300 CORAL WAY, SUITE 103 MIAMI, FL 33145				7. Name and Address of New Registered Agent	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM <input type="checkbox"/> Delete NAME SINAI, JOSE STREET ADDRESS 1260 100TH STREET CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME U000000351588 STREET ADDRESS 05/02/05-80153-003 55.00 CITY-ST-ZIP		
TITLE MGRM <input type="checkbox"/> Delete NAME SINAI, NELIA STREET ADDRESS 1260 100TH STREET CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE MGRM <input type="checkbox"/> Delete NAME IASLOVITS, LAUREN STREET ADDRESS 1260 100TH STREET CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE MGRM <input type="checkbox"/> Delete NAME WEISSMAN, HELEN S STREET ADDRESS 1260 100TH STREET CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE MGRM <input type="checkbox"/> Delete NAME SINAI, DAVID A STREET ADDRESS 1260 100TH STREET CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:  JOSE SINAI 4/27/05 305-891-3300					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					