2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jun 09, 2005
Secretary of State

DOCUMENT# L03000022931

Entity Name: SATYANARAYAN BEACH PROPERTIES, LLC

Current Principal Place of Business:

3030 HARBOR DRIVE, SUITE #461
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4480
FT. LAUDERDALE, FL 33338

New Mailing Address:

FEI Number: 05-0576166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: ES

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MUKHI, PRAKASH
Address: 3030 HARBOR DRIVE, SUITE #461
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: MGR ( ) Delete
Name: MUKHI, MANISH
Address: 3030 HARBOR DRIVE, SUITE #461
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: T ( ) Delete
Name: MUKHI, ROWENA
Address: 3030 HARBOR DRIVE, SUITE #461
City-St-Zip: FT. LAUDERDALE, FL 33316

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PRAKASH MUKHI MGR 06/09/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date