

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000004101

Entity Name: EL SANADI HOLDINGS LLC

**FILED**  
**Oct 27, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

5100 NORTH OCEAN BLVD., APT 518  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

5100 NORTH OCEAN BLVD., APT 518  
FORT LAUDERDALE, FL 33308 US

**Current Mailing Address:**

5100 NORTH OCEAN BLVD., APT 518  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

5100 NORTH OCEAN BLVD., APT 518  
FORT LAUDERDALE, FL 33308 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SANADI, NAHIL EL  
5100 NORTH OCEAN BLVD., APT 518  
FORT LAUDERDALE, FL 33308 US

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: NAHIL EL SANADI, REGISTERED AGENT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: EL SANADI, NAHIL  
Address: 5100 NORTH OCEAN BLVD., APT. 518  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: NAHIL EL SANADI

MGRM

10/27/2006

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