

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000116691

FILED  
Nov 20, 2006  
Secretary of State

Entity Name: SECA 1 LLC.

**Current Principal Place of Business:**

16300 NE 19 AVE.  
SUITE 242  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

16300 NE 19 AVE.  
SUITE 242  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 20-4251544      FEI Number Applied For ( )      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:**

BARTHE & LEIGH LLP  
2455 E. SUNRISE BLVD.  
SUITE 602  
FORT LAUDERDALE, FL 33304 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: BARTHE & LEIGH LLP

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FAJMAN, SYLVAIN  
Address: 16300 NE 19 AVE.  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGR ( ) Delete  
Name: NAMER, YANN  
Address: 16300 NE 19 AVE.  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES:**

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 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: SYLVAIN FAJMAN

MGR

11/20/2006

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