

ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 27, 2008 8:00 am
Secretary of State

DOCUMENT # L05000122623

1. Entity Name

SHADAI, LLC



Principal Place of Business

230 174TH STREET
 814
 SUNNY ISLE BEACH FL 33180
 US

Mailing Address

230 174TH STREET
 814
 SUNNY ISLE BEACH FL 33160
 US

2. Principal Place of Business - No P.O. Box #

230-174

3. Mailing Address

230-174 01

Suite, Apt. #, etc.

814

Suite, Apt. #, etc.

814

City & State

SUNNY ISLES BEACH

City & State

SUNNY ISLES BEACH

Zip

33180

Country

DADE

Zip

33180

Country

DADE

6. Name and Address of Current Registered Agent

KROOP, RICHARD
 800 WEST AVE
 C-1
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Deutsch, Seymour
 230 174th St Apt 814
 Sunny Isles Beach, FL 33160

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

Seymour Deutsch

NOTE: Registered agent signature required when a new agent is added.

3-26-08

DATE

FILE NOW!!! FEE IS \$138.75
 After May 1, 2008, Fee Will Be \$538.75
 Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
 NAME DEUTSCH, SEYMOUR
 STREET ADDRESS 230 174TH STREET
 CITY-ST-ZIP SUNNY ISLES BEACH FL 33160

10.

TITLE D
 NAME Mr Seymour Deutsch
 STREET ADDRESS 230 174th St Apt 814
 CITY-ST-ZIP Sunny Isles, FL 33160-3327

TITLE
 NAME
 STREET ADDRESS TOWER 40 INC. -
 CITY-ST-ZIP

TITLE AGENT
 NAME Seymour Deutsch
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME SEYMOUR & EVA DEUTSCH
 STREET ADDRESS 230 174TH STREET - APT 814
 CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE D
 NAME Mr Seymour Deutsch
 STREET ADDRESS 230 174th St Apt 814
 CITY-ST-ZIP Sunny Isles, FL 33160-3327

TITLE
 NAME SHADAI LLC
 STREET ADDRESS
 CITY-ST-ZIP

TITLE AGENT
 NAME Seymour Deutsch
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Seymour Deutsch* FOR SHADAI, LLC & TOWER 40 INC. 3-26-08

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

Date

Copy Fee \$