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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

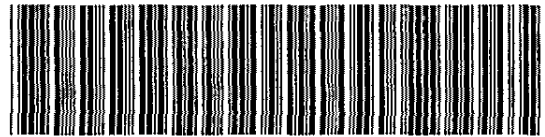
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TALLAHASSEE FLORIDA

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PREMIER CORPORATE SERVICES, INC.

200 West Adams Street, Suite 2007
Chicago, IL 60606
(312) 346-3606 (800) 934-2556
Fax: (312) 346-3607

February 16, 2007

VIA REGULAR MAIL

Division Of Corporations
Florida Department Of State
PO Box 6327
Tallahassee, FL 32314

RE: Change of Registered Agent and Office

Dear Sir or Madam:

Enclosed are the forms necessary to change the registered agent and registered office for each of the following entities, together with a check in the amount of \$225.00 representing the filing fees:

1. El-Ad San Michele LLC
2. El-Ad Savannah Place LLC f/k/a El Ad Mi Casa
3. El-Ad Somerset Place LLC f/k/a El Ad Su Casa
4. El-Ad South LLC
5. El-Ad Sunrise LLC
6. El-Ad Tuscany Pointe LLC f/k/a Gardens on the Fairway
7. El-Ad Villaggio LLC
8. El-Ad/API Holdings LLC
9. El-Ad/Georgia Properties LLC

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,



Laura L. Lightholder

enclosures

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TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: El-Ad San Michele LLC

2. The mailing address of the limited liability company is : _____

1301 International Parkway, Suite 200, Sunrise, FL 33323

3/8/2006

M06000001416

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

American Information Services, Inc.

Name

One S.E. Third Avenue, 28th Floor

Address

Miami, FL 33131

City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Florida street address (P.O. Box **NOT** acceptable)

Weston

FL 33331

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Shaoul Mishal, Authorized Representative

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

NRAI Services, Inc.

(Signature of Registered Agent)

Laura Lightholder, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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