


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000015379  
 1. Entity Name  
 ADLER COPA, LLC



Principal Place of Business: 1400 NW 107 AVENUE MIAMI, FL 33172  
 Mailing Address: 1400 NW 107 AVENUE MIAMI, FL 33172

**DO NOT WRITE IN THIS SPACE**



02172005No Chg-LLC CR2E083 (10/03)

4. FEI Number 81-0611126	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ADLER, LINDA K  
 1400 NW 107 AVENUE  
 MIAMI, FL 33172

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADLER, MICHAEL M 1400 NE 107 AVE., 5TH FLOOR MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADLER, DAVID 1400 NE 107 AVE. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV ADLER, MATTHEW 1400 NE 107 AVE., 4TH FLOOR MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVY, JOEL 1400 NE 107 AVE., 5TH FLOOR MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ARRIZURIETA, LUIS 1400 NE 107 AVE., 4TH FLOOR MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ADLER, LINDA K 1400 NE 107 AVE., 4TH FLOOR MIAMI, FL 33172

1000000344216  
 04/29/05-80126-018 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joel Levy **Joel Levy**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE **Executive Vice President**  
 Date: 4/15/05 Daytime Phone #: (305) 392-4050