


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000017104
 1. Entity Name
ADAR ASSOCIATES, LLC



Principal Place of Business
**3800 N. 39TH AVENUE
 HOLLYWOOD, FL 33021**

Mailing Address
**C/O GINSPARG
 3389 SHERIDAN, #195
 HOLLYWOOD, FL 33021**

DO NOT WRITE IN THIS SPACE



03172006 No Chg-LLC CRZE083 (11/05)

4. FEI Number
20-0822965 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**GINSPARG, NORMAN J
 12221 WEST DIXIE HIGHWAY
 NORTH MIAMI, FL 33161**

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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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESFORMES, PHILIP 6865 N. LINCOLN AVE LINCOLNWOOD, IL 60712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 04/04/06-80041-006 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **Philip Esformes** **3-16-06**
Signature, typed or printed name of signing managing member or authorized representative Date Davita Phone #