

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035188

Entity Name: EL-AD SUNRISE LLC

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

7975 N.W. 154TH STREET
SUITE 200
MIAMI LAKES, FL 33016 US

New Principal Place of Business:

1301 INTERNATIONAL PKWY; STE 200
SUNRISE, FL 33323 US

Current Mailing Address:

7975 N.W. 154TH STREET
SUITE 200
MIAMI LAKES, FL 33016 US

New Mailing Address:

1301 INTERNATIONAL PKWY; STE 200
SUNRISE, FL 33323 US

FEI Number: 30-0257420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HACKMON, ORLY
Address: 575 MADISON AVENUE, 22ND FLOOR
City-St-Zip: NEW YORK, NY 10022 US

Title: P (X) Delete
Name: MISHAL, SHAOUL
Address: 7975 NW 154TH STREET, SUITE 200
City-St-Zip: MIAMI LAKES, FL 33016 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DANIELL, ORLY
Address: 575 MADISON AVENUE, 22ND FLOOR
City-St-Zip: NEW YORK, NY 10022 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SHAOUL MISHAL

P

04/29/2007

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