

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111003

FILED  
Apr 20, 2010  
Secretary of State

Entity Name: ADLER TECHNOLOGIES, LLC

**Current Principal Place of Business:**

1400 NW 107TH AVENUE, 5TH FLOOR  
MIAMI, FL 33172

**New Principal Place of Business:**

1400 NW 107TH AVENUE  
5TH FLOOR  
MIAMI, FL 33172

**Current Mailing Address:**

1400 NW 107TH AVENUE, 5TH FLOOR  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number: 20-5909754      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADLER, LINDA K  
1400 NW 107TH AVENUE, 5TH FLOOR  
MIAMI, FL 33172      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  
Name: ADLER, MICHAEL M  
Address: 1400 NW 107 AVENUE  
City-St-Zip: MIAMI, FL 33172

Title: P  
Name: ADLER, MICHAEL M  
Address: 1400 NW 107 AVENUE  
City-St-Zip: MIAMI, FL 33172

Title: EVP  
Name: ADLER, DAVID  
Address: 1400 NW 107 AVENUE  
City-St-Zip: MIAMI, FL 33172

Title: EVPT  
Name: ADLER, MATTHEW L  
Address: 1400 NW 107 AVENUE 4TH FLOOR  
City-St-Zip: MIAMI, FL 33172

Title: EVP  
Name: HARRIS, BRETT W  
Address: 1400 NW 107 AVENUE 5TH FLOOR  
City-St-Zip: MIAMI, FL 33172

Title: S  
Name: ADLER, LINDA K  
Address: 1400 NW 107 AVENUE 5TH FLOOR  
City-St-Zip: MIAMI, FL 33172

I hereby 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: MICHAEL M. ADLER

P

04/20/2010

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