

2016 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A10000000200

Entity Name: INTERAD MANAGEMENT SERVICES, LLLP

Current Principal Place of Business:

15400 BISCAYNE BOULEVARD
AVENTURA, FL 33160

Current Mailing Address:

PO BOX 530610
MIAMI SHORES, FL 33153

FEI Number: 27-2310473

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GREEN, MITCHELL F
4000 HOLLYWOOD BOULEVARD SUITE 485
HOLLWOOD, FL 33021 US

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

General Partner Detail :

Document #

Name GROPPER, ADAM SMD

Address PO BOX 530543

City-State-Zip: MIAMI FL 33153

I hereby certify that the information indicated on this report or supplemental 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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ADAM GROPPER MD

GENERAL PARTNER

03/04/2016

Electronic Signature of Signing General Partner Detail

Date