

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000047654

**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC7941106006**

**Entity Name:** EL-AD TUSCANY POINTE II MANAGEMENT LLC

**Current Principal Place of Business:**

1325 AVENUE OF AMERICAS, 28TH FLOOR  
NEW YORK, NY 10019

**Current Mailing Address:**

1325 AVENUE OF AMERICAS, 28TH FLOOR  
NEW YORK, NY 10019 US

**FEI Number:** 26-0195122

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Authorized Person(s) Detail :**

Title MEMBER  
Name ENP YS MANAGEMENT LLC  
Address 1325 AVENUE OF AMERICAS, 28TH FLOOR  
City-State-Zip: NEW YORK NY 10019

Title CEO  
Name HERA, ISSAC  
Address 1325 AVENUE OF AMERICAS, 28TH FLOOR  
City-State-Zip: NEW YORK NY 10019

Title SECRETARY  
Name HERZEK, JACOB  
Address 1325 AVENUE OF AMERICAS, 28TH FLOOR  
City-State-Zip: NEW YORK NY 10019

*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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JACOB HERZEK

**SECRETARY**

**04/27/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date