

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000047654

Entity Name: EL-AD TUSCANY POINTE II MANAGEMENT LLC**Current Principal Place of Business:**1000 S. PINE ISLAND ROAD , SUITE # 450
PLANTATION, FL 33324**Current Mailing Address:**1000 S. PINE ISLAND ROAD , SUITE # 450
PLANTATION, FL 33324**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	MGRM
Name	EL-AD GROUP FLORIDA (2005) LLC
Address	1000 S. PINE ISLAND ROAD , SUITE # 450
City-State-Zip:	PLANTATION FL 33324

Title	CHAIRMAN
Name	DANIELL, ORLY
Address	1000 S. PINE ISLAND ROAD , SUITE # 450
City-State-Zip:	PLANTATION FL 33324

Title	CFO
Name	BRONFMAN, ARIK
Address	1000 S. PINE ISLAND ROAD , SUITE # 450
City-State-Zip:	PLANTATION FL 33324

Title	SECRETARY
Name	MOHAR, ARAVA
Address	1000 S. PINE ISLAND ROAD , SUITE # 450
City-State-Zip:	PLANTATION FL 33324

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: ARAVA MOHAR

SEC

02/02/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date