

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000024318

**Entity Name:** EL-AD RIVOLI RUN 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:** 27-5339925

**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           MGM  
Name           EL-AD NATIONAL PROPERTIES  
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           SHANDLER, MARC  
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:** ARIK BRONFMAN

**CFO**

**04/02/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date