

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000056423

**Entity Name:** EL-AD CEDAR HILL MANAGEMENT LLC

**Current Principal Place of Business:**

1000 S. PINE ISLAND ROAD , SUITE #450  
SUITE 450  
PLANTATION, FL 33324

**Current Mailing Address:**

1000 S. PINE ISLAND ROAD , SUITE #450  
SUITE 450  
PLANTATION, FL 33324

**FEI Number:** NOT APPLICABLE

**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           SOLE MEMBER  
Name           CEDAR HILL HOLDING LLC  
Address        1000 S. PINE ISLAND ROAD , SUITE #450  
City-State-Zip: PLANATION FL 33324

Title           MANAGER, CHAIRMAN  
Name           DANIELL, ORLY  
Address        575 MADISON AVE  
                  22 FLOOR  
City-State-Zip: NEW YORK NY 10022

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

Title           SECRETARY  
Name           SHANDLER, MARC  
Address        1000 S. PINE ISLAND ROAD , SUITE #450  
                  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:** MARC SHANDLER

SEC

03/05/2014

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

\_\_\_\_\_  
Date