

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000257352

**Entity Name:** ADLER DEVELOPMENT ACQUISITIONS I MANAGER, LLC

**Current Principal Place of Business:**

9050 PINES BOULEVARD  
SUITE 101  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

9050 PINES BOULEVARD  
SUITE 101  
PEMBROKE PINES, FL 33024 US

**FEI Number:** 82-3749781

**Certificate of Status Desired:** No

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

ADLER RA, LLC  
9050 PINES BOULEVARD  
SUITE 101  
PEMBROKE PINES, FL 33024 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            PRESIDENT  
Name            ADLER, MICHAEL M  
Address        9050 PINES BOULEVARD  
                 SUITE 101  
City-State-Zip:    PEMBROKE PINES FL 33024

Title            VP  
Name            ADLER, DAVID S  
Address        9050 PINES BOULEVARD  
                 SUITE 101  
City-State-Zip:    PEMBROKE PINES FL 33024

Title            VP  
Name            RAIFFE, JONATHAN  
Address        9050 PINES BOULEVARD  
                 SUITE 101  
City-State-Zip:    PEMBROKE PINES FL 33024

Title            SECRETARY, TREASURER  
Name            SPANO, TINA M  
Address        9050 PINES BOULEVARD  
                 SUITE 101  
City-State-Zip:    PEMBROKE PINES FL 33024

*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:** TINA SPANO

**TREASURER**

**04/08/2021**

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

\_\_\_\_\_  
Date