

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001403

Entity Name: EL-AD CAMINO REAL 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:** 20-4416724**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	MGR, CHAIRMAN
Name	DANIELL, ORLY
Address	575 MADISON AVENUE 22ND FL
City-State-Zip:	NEW YORK NY 10022

Title	INDP MGR, SPRINGING MEMBER
Name	ZIMMER, STEVEN P
Address	1209 ORANGE STREET
City-State-Zip:	WILMINGTON DE 19801

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

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

Title	INDP MGR, SPRINGING MEMBER
Name	DIAMOND, WILLIAM C
Address	1209 ORANGE STREET
City-State-Zip:	WILMINGTON DE 19801

Title	MBR
Name	EL-AD GB MEZZANINE 1 LLC
Address	1301 INTERNATIONAL PARKWAY 200
City-State-Zip:	SUNRISE FL 33323

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****03/06/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date