

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000003604

**FILED**  
**Apr 22, 2014**  
**Secretary of State**  
**CC2148335964**

**Entity Name:** EL-AD TUSCANY POINTE 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:** 20-3753999

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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  
Name DANIELL, ORLY  
Address 575 MADISON AVENUE, 22ND FLOOR  
City-State-Zip: NEW YORK NY 10022

Title SECRETARY  
Name SHANDLER, MARC  
Address 1000 PINE ISLAND ROAD SUITE 450  
City-State-Zip: PLANTATION FL 33324

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

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

Title AUTHORIZED MEMBER  
Name EL-AD TUSCANY POINTE SR. MEZZ LLC  
Address 1000 S. PINE ISLAND ROAD , SUITE # 450  
City-State-Zip: PLANTATION FL 33324

Title AUTHORIZED MEMBER  
Name DIAMOND, WILLIAM  
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**

**04/22/2014**

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

\_\_\_\_\_  
Date