## 2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003604

Entity Name: EL-AD TUSCANY POINTE LLC

**FILED** Feb 02, 2016 **Secretary of State** CC4663978751

## **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. 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: MADONNA CUDDIAHY 02/02/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title MGR Title **SECRETARY** DANIELL, ORLY MOHAR, ARAVA Name Name

575 MADISON AVENUE, 22ND FLOOR 1000 PINE ISLAND ROAD SUITE 450 Address Address

City-State-Zip: PLANTATION FL 33324 NEW YORK NY 10022

City-State-Zip:

CFO Title Title MGR

Name BRONFMAN, ARIK Name ZIMMER, STEVEN P

Address 1000 S. PINE ISLAND ROAD, SUITE # 1209 ORANGE STREET Address 450

City-State-Zip: PLANTATION FL 33324 City-State-Zip: WILMINGTON DE 19801

Title **AUTHORIZED MEMBER** Title **AUTHORIZED MEMBER** Name DIAMOND, WILLIAM

Name EL-AD TUSCANY POINTE SR. MEZZ

Address 1000 S. PINE ISLAND ROAD, SUITE # Address

1000 S. PINE ISLAND ROAD, SUITE # 450

City-State-Zip: PLANTATION FL 33324 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.

SEC SIGNATURE: ARAVA MOHAR

Date