

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000003936

**FILED**  
**Feb 10, 2015**  
**Secretary of State**  
**CC2626704525**

**Entity Name:** EL-AD PARK AT LAKE MAGDALENE MANAGEMENT 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:** 26-0173300

**Certificate of Status Desired:** Yes

**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	Title	CHAIRMAN
Name	EL-AD GROUP FLORIDA (2005) LLC	Name	DANIELL, ORLY
Address	1000 S. PINE ISLAND ROAD , SUITE # 450	Address	1000 S. PINE ISLAND ROAD , SUITE # 450
City-State-Zip:	PLANTATION FL 33324	City-State-Zip:	PLANTATION FL 33324
Title	SECRETARY	Title	CFO
Name	MOHAR, ARAVA	Name	BRONFMAN, ARIK
Address	1000 S. PINE ISLAND ROAD , SUITE # 450	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.*

**SIGNATURE:** ARAVA MOHAR

**SECRETARY**

**02/10/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date