

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001766

Entity Name: EL-AD PARK AT LAKE MAGDALENE 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:** 20-2412376**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
Name	DANIELL, ORLY
Address	575 MADISON AVENUE, 22ND FLOOR
City-State-Zip:	NEW YORK NY 10022

Title	AUTHORIZED MEMBER
Name	EL-AD PARK AT LAKE MAGDALENE MANAGEMENT LLC
Address	1000 S. PINE ISLAND ROAD , SUITE # 450
City-State-Zip:	PLANTATION FL 33324

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

Title	SECRETARY
Name	SHANDLER, MARC
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****04/02/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date