

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000017065

FILED  
Apr 14, 2003  
Secretary of State

Entity Name: ADAA DEVELOPMENT LLC

**Current Principal Place of Business:**

501 BRICKELL KEY DRIVE, STE. 400  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

501 BRICKELL KEY DRIVE, STE. 400  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

NS CORPORATE SERVICES INC.  
501 BRICKELL KEY DRIVE, STE. 400  
MIAMI, FL 33131 US

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

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

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: KOPEL, FRANK  
Address: 501 BRICKELL KEY DRIVE, STE. 400  
City-St-Zip: MIAMI, FL 33131

Title: MGR (X) Delete  
Name: AZEROUAL, DANIELA  
Address: 501 BRICKELL KEY DRIVE, STE. 400  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TEMSTET, ANNIE  
Address: 501 BRICKELL KEY DRIVE, STE. 400  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ANNIE TEMSTET

MGR

04/14/2003

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date