

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90045 039 ****50.00

DOCUMENT # L02000030256

1. Entity Name
RADA REALTY, LLC



Principal Place of Business
1800 SUNSET HARBOUR DRIVE
1206
MIAMI BEACH, FL 33139

Mailing Address
1800 SUNSET HARBOUR DRIVE
1206
MIAMI BEACH, FL 33139

60010446



2. Principal Place of Business
12345 N.W. 55th St.

3. Mailing Address
12345 NW 55th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202005 Chg-LLC CR2E083 (10/03)

City & State
Coral Springs, FL

City & State
Coral Springs, FL

4. FEI Number
55-0818820

Applied For
Not Applicable

Zip
33076

Country
U.S.

Zip
33076

Country
U.S.

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ULLIAN, MICHAEL
1800 SUNSET HARBOUR DRIVE
1206
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name
Ullian, Michael

Street Address (P.O. Box Number is Not Acceptable)
12345 NW 55th Street

City
Coral Springs

State
FL

Zip
33076

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michael Ullian Michael Ullian MGRM

DATE
1/20/2005

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ULLIAN, MICHAEL
1800 SUNSET HARBOUR DRIVE, #1206
MIAMI BEACH, FL 33139 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Ullian, Michael
12345 NW 55th Street
Coral Springs, FL 33076 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Michael Ullian Michael Ullian

DATE
1/20/2005 (954)832-9903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #