


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000063247  
 1. Entity Name  
 ADLER FINANCIAL GROUP, LLC



Principal Place of Business 6711 NORTH OCEAN RIDGE BOULEVARD, #35 OCEAN RIDGE, FL 33435	Mailing Address 6711 NORTH OCEAN RIDGE BOULEVARD, #35 OCEAN RIDGE, FL 33435
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**DO NOT WRITE IN THIS SPACE**



02242006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1665099	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ADLER, DAVID  
 6711 NORTH OCEAN RIDGE BOULEVARD, #35  
 OCEAN RIDGE, FL 33435

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADLER, DAVID H 6711 N OCEAN BLVD, # 35 OCEAN RIDGE, FL 33435
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 05/03/06-80067-018 150.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: David H Adler Date: 4/13/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #