


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

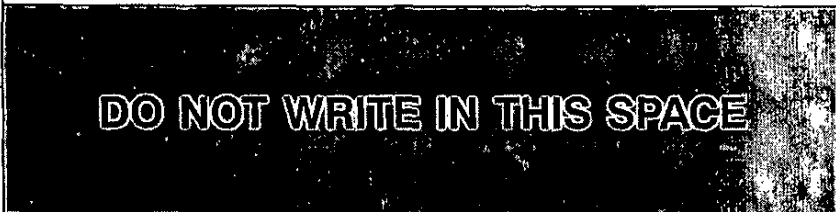
**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000063247**

1. Entity Name  
**ADLER FINANCIAL GROUP, LLC**



Principal Place of Business <b>6711 NORTH OCEAN RIDGE BOULEVARD, #35          OCEAN RIDGE, FL 33435</b>	Mailing Address <b>6711 NORTH OCEAN RIDGE BOULEVARD, #35          OCEAN RIDGE, FL 33435</b>
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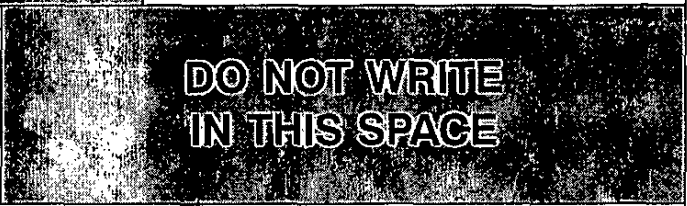


02022007No Chg-LLC CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent

**ADLER, DAVID**  
**6711 NORTH OCEAN RIDGE BOULEVARD, #35**  
**OCEAN RIDGE, FL 33435**



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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADLER, DAVID H 6711 N OCEAN BLVD, # 35 OCEAN RIDGE, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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:**  **DATE:**  **DAYTIME PHONE #** \_\_\_\_\_

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