


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90023 020 \*\*\*138.75

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	
2. Principal Place of Business - No P.O. Box # 1207 NORTH ATLANTIC DRIVE		3. Mailing Address 1207 NORTH ATLANTIC DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LANTANA, FLORIDA		City & State LANTANA, FLORIDA	
Zip 33462		Country USA	
4. FEI Number 20-1665099		Applied For <input type="checkbox"/> 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		7. Name and Address of New Registered Agent Name ADLER, DAVID H. Street Address (P.O. Box Number is Not Acceptable) 1207 NORTH ATLANTIC DRIVE City LANTANA FL Zip Code 33462	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADLER, DAVID H 6711 N OCEAN BLVD, # 35 OCEAN RIDGE, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADLER, DAVID H. 1207 NORTH ATLANTIC DRIVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LANTANA, FLORIDA 33462 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>David H. Adler</u>		Date	4/26/08 (570)457-0933
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>

