

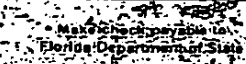
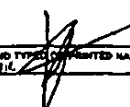


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT-

5/11

FILED
Jun 26, 2006 8:00 am
Secretary of State

05-01-2006 90061 019 ****50.00

DOCUMENT # L05000021659			
1. Entity Name ADAR DEVELOPERS, LLC			
Principal Place of Business 1111 PARK CENTER BLVD. SUITE 453 MIAMI, FL 33169 US		Mailing Address 1111 PARK CENTER BLVD. SUITE 453 MIAMI, FL 33169 US	
2. Principal Place of Business 1250 E. HALLANDALE BEACH BLVD.		3. Mailing Address 1250 E HALLANDALE BEACH BLVD.	
Suits, Apt. #, etc. SUITE 404		Suits, Apt. #, etc. SUITE 404	
City & State HALLANDALE B. FL		City & State HALLANDALE B. FL	
Zip 33009	Country US	Zip 33009	Country US
4. FEI Number 26-0082024		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Addition of Fee Required			
6. Name and Address of Current Registered Agent PAUL FELDMAN, P.A. 407 LINCOLN ROAD SUITE 701 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name AMRAM ADAR Street Address (P.O. Box Number is Not Acceptable) 1250 HALLANDALE BEACH BLVD SUITE 404 City HALLANDALE FL Zip Code 33009	
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	
Filing Fee is \$50.00 Due by May 1, 2006		 Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MG/PM ADAR, AMRAM 1111 PARK CENTER BLVD., SUITE 453 MIAMI, FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MG/PM MANAGING MEMBER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADAR, AMRAM 1250 HALLANDALE BEACH BLVD., SUITE 404 HALLANDALE, FL 33009 <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
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: 		Date: Apr. 12/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

JUUL1600



02102008 Chg-LLC CR2E083 (11/05)