2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000067940

1. Entity Name ADER PROPERTIES ONE SOUTH, LLC



FILED Apr 16, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

100 S.E. 2ND STREET, STE. 3550 MIAMI, FL 33131

100 S.E. 2ND STREET, STE. 3550 MIAMI, FL 33131



02062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-3564130		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ADER, ROBERT 100 S.E. 2ND STREET, STE. 3550 MIAMI, FL: 33131

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changinions of registered agent.	ig its registered office or registered agent, or both, in the State of	Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
File After May	! NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		000900961
TITLE	MGR		08-80049-020 138.75 .
NAME STREET ADDRESS	ADER, ROBERT 100 SE 2ND ST #3550		
CITY-ST-ZIP	MIAMI, FL 33131		
TITLE		· · · · · · · · · · · · · · · · · · ·	1. 14(1) 14(1) 14(1) 14(1) 14(1) 14(1)
NAME .			
STREET ADDRESS*	,		
TITLE			
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STREET ADDRESS		DO NOT \	A/DITE:
CITY-ST-ZIP			
TITLE NAME		IN THIS S	PACE
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME STREET ADDRESS			医马克 马克氏性经历人
CITY-ST-ZIP			
TITLE			
NAME		The state of the s	
STREET ADDRESS			

og does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the vered to expect this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied with this filing indicated on this report is trulimited liability company or

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

Daytime Phone #