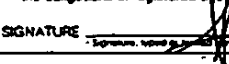
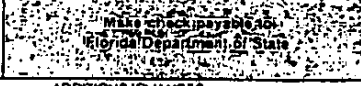
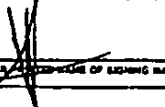


FILED
Jun 26, 2006 8:00 am
Secretary of State

05-01-2006 90061 026 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000077782			
1. Entity Name BAKER ADAR, 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. SUITE 404 City & State HALLANDALE BEACH, FL Zip 33009 Country US		3. Mailing Address 1250 E. HALLANDALE BEACH BLVD. SUITE 404 City & State HALLANDALE BEACH, FL Zip 33009 Country U.S.	
02102006 Chg-LLC CR2ED83 (11/05)		4. FEI Number 20-4666268 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional 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 E. 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  (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when removing agent) Date			
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADAR MANAGEMENT COMPANY, INC. 1111 PARK CENTER BLVD. #453 MIAMI, FL 33169 ☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADAR MANAGEMENT COMPANY, INC. 1250 HALLANDALE BEACH BLVD, SUITE 404 HALLANDALE, FL 33009 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ 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:  AMRAM ADAR April 23/06 (Signature and typed name of signing managing member, manager, or authorized representative) Date			