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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

30011196

Principal Place of Business	Mailing Address
1111 PARK CENTER BLVD. SUITE #453 MIAMI, FL 33169 US	1111 PARK CENTER BLVD. SUITE #453 MIAMI, FL 33169 US

02102006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
1250 E. HALLANDALE B. BLVD.	1250 E. HALLANDALE B. BLVD.
Suite, Apt. #, etc.: SUITE 404	Suite, Apt. #, etc.: SUITE 404
City & State: HALLANDALE BEACH, FL	City & State: HALLANDALE BEACH, FL
Zip: 33009 Country: US	Zip: 33009 Country: U.S.

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 reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	MGRM MANAGING MEMBER ☒ Change ☐ Addition
NAME	ADAR MANAGEMENT COMPANY, INC.	NAME	ADAR MANAGEMENT COMPANY, INC
STREET ADDRESS	1111 PARK CENTER BLVD. #453	STREET ADDRESS	1250 HALLANDALE BEACH BLVD., SUITE 404
CITY-ST-ZIP	MIAMI, FL 33169	CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	[illegible] ☐ Change ☒ Addition
NAME		NAME	[illegible]
STREET ADDRESS		STREET ADDRESS	[illegible]
CITY-ST-ZIP		CITY-ST-ZIP	[illegible]
TITLE	☐ Delete	TITLE	[illegible] ☐ Change ☒ Addition
NAME		NAME	[illegible]
STREET ADDRESS		STREET ADDRESS	[illegible]
CITY-ST-ZIP		CITY-ST-ZIP	[illegible]

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 27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #