

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY 23 AM 8:23

<b>DOCUMENT # L06000006952</b>					
<b>1. Entity Name</b> EL-AD FL BEACH JV, LLC					
<b>Principal Place of Business</b> 1301 INTERNATIONAL PKWY; STE 200 SUNRISE, FL 33323			<b>Mailing Address</b> 1301 INTERNATIONAL PKWY; STE 200 SUNRISE, FL 33323		
<b>2. Principal Place of Business - No P.O. Box #</b> 2800 Weston Road		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc. Suite 202		Suite, Apt. #, etc.			
City & State Weston, FL		City & State		<b>4. FEI Number</b> 20-4168135	
Zip 33321		Country U.S.		Applied For Not Applicable	
Zip 33321		Country U.S.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EL-AD FL BEACH MEMBER LLC 1301 INTERNATIONAL PKWY; STE 200 SUNRISE, FL 33323	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM IBC FL BEACH PARTNERSHIP 1301 INTERNATIONAL PKWY; STE 200 SUNRISE, FL 33323	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM INSITE FL BEACH LLC 1301 INTERNATIONAL PKWY STE 200 SUNRISE, FL 33323	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR INSITE DEVELOPMENT GROUP LLC 1301 INTERNATIONAL PKWY STE 200 SUNRISE, FL 33323	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM INSITE FL BEACH LLC 2800 Weston Road, Suite 202 Weston, FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR INSITE DEVELOPMENT GROUP LLC 2800 Weston Road, Suite 202 Weston, FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM INSITE FL BEACH LLC 2800 Weston Road, Suite 202 Weston, FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM INSITE FL BEACH LLC 2800 Weston Road, Suite 202 Weston, FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <b>Joseph Manor, Director</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date _____ Daytime Phone # _____					