

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000008611

FILED
Apr 27, 2010
Secretary of State

Entity Name: ADLER LAND PARTNERS LLC

Current Principal Place of Business:

1400 NW 107TH AVE.
MIAMI, FL 33172

New Principal Place of Business:

1400 NW 107TH AVE.
5TH FLOOR
MIAMI, FL 33172

Current Mailing Address:

1400 NW 107TH AVE.
MIAMI, FL 33172

New Mailing Address:

1400 NW 107TH AVE.
5TH FLOOR
MIAMI, FL 33172

FEI Number: 20-4173391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

ADLER, LINDA K
1400 NW 107TH AVE
5TH FLOOR
MIAMI, FL 33172 US

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.

SIGNATURE: LINDA K. ADLER

04/27/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ADLER, MICHAEL M
Address: 1400 NW 107TH AVE.
City-St-Zip: MIAMI, FL 33172

Title: P
Name: ADLER, MICHAEL M
Address: 1400 NW 107 AVENUE
City-St-Zip: MIAMI, FL 33172

Title: EVP
Name: ADLER, MATTHEW L
Address: 1400 NW 107 AVENUE
City-St-Zip: MIAMI, FL 33172

Title: EVP
Name: HARRIS, BRETT W
Address: 1400 NW 107TH AVENUE
City-St-Zip: MIAMI, FL 33172

Title: VP/T
Name: SMITHER, ROBERT
Address: 1400 NW 107TH AVENUE
City-St-Zip: MIAMI, FL 33172

Title: S
Name: ADLER, LINDA K
Address: 1400 NW 107TH AVENUE
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MICHEAL M. ADLER

P

04/27/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date