

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048856

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: ADAR EQUITIES,LLC

**Current Principal Place of Business:**

18851 NE 29TH AVENUE  
7TH FLOOR  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

18851 NE 29TH AVENUE  
7TH FLOOR  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 20-4856743      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHRISTOPHER J. GERTZ, P.A.  
1100 SE 11TH COURT  
FORT LAUDERDALE, FL 33316      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GERTZ, CHRISTOPHER J  
Address: 1100 SE 11TH COURT  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NIKO VENTURES, LLC,  
Address: 1100 SE 11TH COURT  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM ( ) Change (X) Addition  
Name: ADAR MANAGEMENT COMP, ANY, INC.  
Address: 18851 NE 29TH AVENUE, 7TH FLOOR  
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHRISTOPHER J GERTZ

MGRM

03/30/2009

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