FILED
Mar 26, 2008 8:00 am
Secretary of State
03-26-2008 90113 017 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000082224

1. Entity Name
EDLAR 3305, LLC

60017184

03142008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
2999 N.E. 101ST STREET, SUITE 900 C/O ADAM R. SCHIFFMAN, P.A. AVENTURA, FL 33180	2999 N.E. 101ST STREET, SUITE 900 C/O ADAM R. SCHIFFMAN, P.A. AVENTURA, FL 33180

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2750 NE 185th Street	2750 NE 185th Street
Suite, Apt. #, etc: 2nd Floor	Suite, Apt #, etc: 2nd Floor
City & State: Aventura, FL	City & State: Aventura, FL
Zip: 33180 Country:	Zip: 33180 Country:

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHIFFMAN, ADAM R 2999 N.E. 101ST STREET, SUITE 900 AVENTURA, FL 33180	Name: Schiffman, Adam R Street Address (P.O. Box Number is Not Acceptable): 2750 NE 185th Street 2nd Floor City: Aventura FL Zip Code: 33180

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] 3/24/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEYDER, IGOR 2999 N.E. 101ST STREET, SUITE 900 AVENTURA, FL 33180 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Beyder, Edward 2750 NE 185th Street, 2nd Floor Aventura, FL 33180 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: [signature] 3/17/08 908-208-5157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #