

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L07000110377

1. Entity Name  
L-AD-V MANAGEMENT LLC



FILED

2008 DEC 31 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1301 INTERNATIONAL PARKWAY, SUITE 200  
SUNRISE, FL 33323

Mailing Address  
1515 S. FEDERAL HIGHWAY, SUITE 302  
BOCA RATON, FL 33432

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1515 S. FEDERAL Hwy  
Suite, Apt. #, etc.  
SUITE 302

Suite, Apt. #, etc.

City & State  
BOCA RATON FL

City & State

Zip  
33432

Country  
USA

Zip

Country

12222008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
26-1403488

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

KASSEBAUM, KEVIN  
350 CAMINO GARDENS BLVD., SUITE 100  
BOCA RATON, FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
LAVALLI, ROBERTO  
1515 S FEDERAL HWY, STE 300-302  
BOCA RATON, FL 33432

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Suite 302

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MANN, DAVID  
1515 S FEDERAL HWY, STE 300-302  
BOCA RATON, FL 33432

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Suite 302

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EL AD NATIONAL MANAGEMENT  
1515 S. FEDERAL HWY, STE 302  
BOCA RATON FL 33432

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000140060010  
01/08/09--01036--008 \*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TC 1-9-09

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/6/09

561-314-1444