

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000017698

FILED  
Jan 12, 2011  
Secretary of State

Entity Name: ADLER REAL ESTATE FUND, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 27-2085681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ADLER, LINDA K  
C/O CFRA, LLC  
4221 W. BOY SCOUT BLVD, SUITE 1000  
TAMPA, FL 33607 US

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

SMITHER, ROBERT M  
1400 NW 107TH AVENUE  
4TH 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: ROBERT M. SMITHER

01/12/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ADLER FUND MANAGER, LLC  
Address: 1400 NW 107TH AVE, 5TH FLOOR  
City-St-Zip: MIAMI, FL 33172 US

Title: P  
Name: ADLER, MICHAEL M  
Address: 1400 NW 107TH AVENUE, 5TH FLOOR  
City-St-Zip: MIAMI, FL 33172 US

Title: VP  
Name: ADLER, MATTHEW L  
Address: 1400 NW 107TH AVENUE, 5TH FLOOR  
City-St-Zip: MIAMI, FL 33172 US

Title: VP  
Name: SMITHER, ROBERT M  
Address: 1400 NW 107TH AVENUE, 4TH FLOOR  
City-St-Zip: MIAMI, FL 33172 US

Title: EVP  
Name: HARRIS, BRETT W  
Address: 1400 NW 107TH AVENUE, 5TH FLOOR  
City-St-Zip: MIAMI, FL 33172 US

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: MICHAEL M. ADLER

P

01/12/2011

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