

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90146 031 ****50.00

DOCUMENT # L95000000996

1. Entity Name
GADA MANAGEMENT, L.C.



Principal Place of Business
2300 BARCELONA DR.
FT LAUDERDALE, FL 33301

Mailing Address
1250 NW 23RD AVE
FORT LAUDERDALE, FL 33311

20008522



01032006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1625653

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, LISA
VALDINI & PALMER, PA
5353 N. FEDERAL HWY, SUITE 303
FORT LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

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

Alana Markus
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02-03-06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	MARKUS, GLENN
STREET ADDRESS	2300 BARCELONA DR
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	MEM
NAME	MARKUS, ALANA
STREET ADDRESS	2300 BARCELONA DR
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	MEM
NAME	MARKUS, ANTHONY J
STREET ADDRESS	2300 BARCELONA DR
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	MEM
NAME	JACKSON, DAWN B
STREET ADDRESS	1019 SE 6TH ST.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Alana Markus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

ALANA MARKUS

Date

02-03-06

Daytime Phone #

954-587-1900