


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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
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FILED
07 FEB 28 PM 1:19
TALLAHASSEE, FLORIDA



01242007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 62-1625653	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____

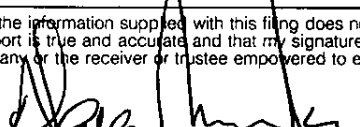
**Filing Fee is \$50.00
Due by May 1, 2007**

300091008573
03/06/07--01009--004 **305.00

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

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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:  02-26-07 954-868-3124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #