

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/30/2004-90075-047-\$50.00-\$50.00

FILED

2004 MAY 18 P 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03292004 Chg-LLC CR2E083 (10/03)

4. FEI Number 76-0733603 Applied For Not Applicable

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

DOCUMENT # M03000001798
1. Entity Name
AG BUSCHWOOD MANAGER, LLC



Principal Place of Business
C/O ADLER GROUP, INC.
1400 N.W. 107TH AVENUE, 5TH FLOOR
MIAMI, FL 33172

Mailing Address
C/O ADLER GROUP, INC.
1400 N.W. 107TH AVENUE, 5TH FLOOR
MIAMI, FL 33172

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

6. Name and Address of Current Registered Agent
LEXISNEXIS DOCUMENT SOLUTIONS, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ADLER GROUP 1031, LLC 1400 N.W. 107TH AVENUE, 5TH FLOOR MIAMI, FL 33172 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joel Levy **Joel Levy** **Executive Vice President** 4/27/04 305-392-4051
SIGNATURE AND TYPED OR PRINTED NAME OF SENDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #