

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001798

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: AG BUSCHWOOD MANAGER, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 76-0733603      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LEXISNEXIS DOCUMENT SOLUTIONS, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ADLER GROUP 1031, LL, C  
Address: 1400 N.W. 107TH AVENUE, 5TH FLOOR  
City-St-Zip: MIAMI, FL 33172

Title: P ( ) Delete  
Name: ADLER, MICHAEL M  
Address: 1400 NW 107 AVENUE  
City-St-Zip: MIAMI, FL 33172

Title: EAST ( ) Delete  
Name: LEVY, JOEL  
Address: 1400 NW 107 AVENUE  
City-St-Zip: MIAMI, FL 33172

Title: EV ( ) Delete  
Name: ADLER, MATTHEW L  
Address: 1400 NW 107 AVENUE  
City-St-Zip: MIAMI, FL 33172

Title: S ( ) Delete  
Name: ADLER, LINDA K  
Address: 1400 NW 107 AVENUE  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LINDA K ADLER

S

04/22/2008

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