

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003603

Entity Name: EL-AD COLONNADE AT SAWGRASS LLC**Current Principal Place of Business:**1000 S. PINE ISLAND ROAD SUITE # 450
PLANTATION, FL 33324**Current Mailing Address:**1000 S. PINE ISLAND ROAD SUITE # 450
PLANTATION, FL 33324**FEI Number:** 26-0339148**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** MADONNA CUDDIAHY

01/25/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name DANIELL, ORLY H
Address 575 MADISON AVENUE, 22ND FLOOR
City-State-Zip: NEW YORK NY 10022

Title MGRM
Name ELAD COLONNADE SR. MEZZ LLC
Address 1000 S. PINE ISLAND ROAD
City-State-Zip: PLANTATION FL 33324

Title SMG
Name ZIMMER, STEVEN P
Address 1209 ORANGE ST
City-State-Zip: WILMINGTON DE 19801

Title CFO
Name BRONFMAN, ARIK
Address 1000 S. PINE ISLAND ROAD
City-State-Zip: PLANTATION FL 33324

Title S
Name MOHAR, ARAVA
Address 1000 S PINE ISLAND RD.
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name DUVA, VICTOR
Address 1209 ORANGE ST.
City-State-Zip: WILMINGTON DE 19801

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARIK BRONFMAN

CFO

01/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date