

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000006219

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** COBB PARTNERS GP, LLC

**Current Principal Place of Business:**

121 ALHAMBRA PLAZA, STE. 1500  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 14-4200  
CORAL GABLES, FL 331144200

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

PERDOMO, MERCEDES  
355 ALHAMBRA CIRCLE  
SUITE 1500  
CORAL GABLES, FL 33134 US

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

PERDOMO, MERCEDES  
121 ALHAMBRA PLAZA, STE. 1500  
SUITE 1500  
CORAL GABLES, FL 33134 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:

04/04/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COBB PARTNERS, INC.  
Address: 121 ALHAMBRA PLAZA, STE. 1500  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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: MERCEDES PERDOMO

RA

04/04/2012

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