

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000909

FILED
Apr 24, 2012
Secretary of State

Entity Name: LAUDERDALE WATERFRONT TROPIC CAY LLC

Current Principal Place of Business:

401 E. LAS OLAS BLVD. SUITE 130-324
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

401 E. LAS OLAS BLVD.
SUITE 130-324
FT. LAUDERDALE, FL 33301

Current Mailing Address:

401 E. LAS OLAS BLVD. SUITE 130-324
FT. LAUDERDALE, FL 33301

New Mailing Address:

401 E. LAS OLAS BLVD.
SUITE 130-324
FT. LAUDERDALE, FL 33301

FEI Number: 26-0794651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOTWANI, DEV R
401 E LAS OLAS BLVD
SUITE 130-324
FORT LAUDERDALE, FL 33301 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
Name: MOTWANI, RAMOLA
Address: 401 E. LAS OLAS BLVD. SUITE 130-324
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGR
Name: MOTWANI, NITIN
Address: 401 E LAS OLAS BLVD. SUITE 130-324
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR
Name: MOTWANI, DEV
Address: 401 E LAS OLAS BLVD SUITE 130-324
City-St-Zip: FORT LAUDERDALE, FL 33301

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: DEV MOTWANI

MGR

04/24/2012

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