

2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A07000000606

Entity Name: CABI AVENTURA HOTEL, LLLP

Current Principal Place of Business:

19950 W. COUNTRY CLUB DRIVE
SUITE 900
AVENTURA, FL 33180

Current Mailing Address:

19950 W. COUNTRY CLUB DRIVE
SUITE 900
AVENTURA, FL 33180 US

FEI Number: 20-8928740

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
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: _____

Electronic Signature of Registered Agent

Date

General Partner Detail :

Document # P07000045598
Name CABI AVENTURA GP, INC.
Address 19950 W. COUNTRY CLUB DRIVE STE
900
City-State-Zip: AVENTURA FL 33180

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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELIAS AMKIE LEVY

VP

04/28/2014

Electronic Signature of Signing General Partner Detail

Date