

**2016 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:** AMKIE LEVY, ELIAS

**MANAGER**

**04/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date