

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000088607

**FILED**  
**Jan 15, 2016**  
**Secretary of State**  
**CC3601664335**

**Entity Name:** SIGNATURE MULTIFAMILY MANAGEMENT CORP.

**Current Principal Place of Business:**

1117 PERIMETER CENTER W SUITE N301  
ATLANTA, GA 30338

**Current Mailing Address:**

1117 PERIMETER CENTER W SUITE N301  
ATLANTA, GA 30338

**FEI Number:** 46-4844783

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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

**Officer/Director Detail :**

Title	P	Title	D
Name	SMITH, MICHAEL B	Name	SMITH, SCOTT H
Address	1117 PERIMETER CENTER W SUITE N301	Address	1117 PERIMETER CENTER W SUITE N301
City-State-Zip:	ATLANTA GA 30338	City-State-Zip:	ATLANTA GA 30338

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL B SMITH

**PRESIDENT**

**01/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date