

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005226

Entity Name: CEDAR POINT MANAGERS GP, LLC

Current Principal Place of Business:

247 N WESTMONTE DR
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

247 N WESTMONTE DR
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 48-1303146

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

Authorized Person(s) Detail :

Title MGRM
Name PICERNE, ROBERT M
Address 247 NORTH WESTMONTE DR.N
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT M PICERNE

MGRM

04/28/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date