

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000054923

**Entity Name:** DOUGLAS ELLIMAN FLORIDA LLC

**Current Principal Place of Business:**

1111 LINCOLN ROAD  
805  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

575 MADISON AVENUE  
ATTN: KENNETH I. HABER 4TH FLOOR  
NEW YORK, NY 10022 US

**FEI Number:** 20-1473661

**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 DOUGLAS ELLIMAN REALTY, LLC  
Address 575 MADISON AVE  
406  
City-State-Zip: NEW YORK FL 10022

Title PRESIDENT AND CHIEF EXECUTIVE OFFICER  
Name PARKER, JAY  
Address 1111 LINCOLN RD  
805  
City-State-Zip: MIAMI BEACH FL 33139

Title EXECUTIVE VICE PRESIDENT  
Name HABER, KENNETH I  
Address 575 MADISON AVE  
406  
City-State-Zip: NEW YORK NY 10022

Title VICE PRESIDENT AND QUALIFYING BROKER  
Name BRYAN, THOMAS J  
Address 1111 LINCOLN ROAD  
805  
City-State-Zip: MIAMI BEACH FL 33139

Title CHIEF FINANCIAL OFFICER  
Name NAGEL, EVELYN  
Address 575 MADISON AVENUE  
ATTN: KENNETH I. HABER 4TH  
FLOOR  
City-State-Zip: NEW YORK NY 10022

*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:** DEBORAH S. KURTZBERG

VP-LEGAL AFFAIRS

11/30/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date