

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081663

Entity Name: CABI GP SEABREEZE, LLC

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: NOT APPLICABLE

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 | MGR | Title | MGR |
| Name | CABABIE DANIEL, ELIAS | Name | CABABIE DANIEL, ABRAHAM |
| Address | 19950 W. COUNTRY CLUB DRIVE, SUITE 900 | Address | 19950 W. COUNTRY CLUB DRIVE, SUITE 900 |
| City-State-Zip: | AVENTURA FL 33180 | City-State-Zip: | AVENTURA FL 33180 |
| | | | |
| Title | MGR | Title | MGR |
| Name | AMKIE LEVY, ELIAS | Name | DAYAN TAWIL, JAIME |
| Address | 19950 W. COUNTRY CLUB DRIVE, SUITE 900 | Address | 19950 W COUNTRY CLUB DRIVE SUITE 900 |
| City-State-Zip: | AVENTURA FL 33180 | 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 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: AMKIE LEVY, ELIAS

MANAGER

04/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date