

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
Name	CABABIE DANIEL, ELIAS
Address	19950 W. COUNTRY CLUB DRIVE, SUITE 900
City-State-Zip:	AVENTURA FL 33180

Title	MGR
Name	CABABIE DANIEL, ABRAHAM
Address	19950 W. COUNTRY CLUB DRIVE, SUITE 900
City-State-Zip:	AVENTURA FL 33180

Title	MGR
Name	AMKIE LEVY, ELIAS
Address	19950 W. COUNTRY CLUB DRIVE, SUITE 900
City-State-Zip:	AVENTURA FL 33180

Title	MGR
Name	DAYAN TAWIL, JAIME
Address	19950 W COUNTRY CLUB DRIVE SUITE 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 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