

2014 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: ELIAS AMKIE LEVY

MANAGER

04/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date