

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

DOCUMENT# L05000113053

**FILED  
Sep 21, 2015  
Secretary of State  
CC3162453434**

**Entity Name:** SWIRE CARBONELL ONE LLC

**Current Principal Place of Business:**

501 BRICKELL KEY DRIVE  
SUITE 600  
MIAMI, FL 33131

**Current Mailing Address:**

501 BRICKELL KEY DRIVE  
SUITE 600  
MIAMI, FL 33131

**FEI Number:** 43-2092610

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHU, LINDA  
501 BRICKELL KEY DRIVE  
SUITE 600  
MIAMI, FL 33131 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:** LINDA CHU

09/21/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title: CEO  
Name: BRADLEY, GUY  
Address: 501 BRICKELL KEY DRIVE  
SUITE 600  
City-State-Zip: MIAMI FL 33131

Title: PRESIDENT, ASST. SECRETARY  
Name: OWENS, STEPHEN L  
Address: 501 BRICKELL KEY DRIVE  
SUITE 600  
City-State-Zip: MIAMI FL 33131

Title: VP  
Name: GANDOLFO, CHRIS  
Address: 501 BRICKELL KEY DRIVE, SUITE 600  
City-State-Zip: MIAMI FL 33131

Title: ASST. SECRETARY  
Name: MCMAN, BEVERLEY  
Address: 501 BRICKELL KEY DRIVE  
SUITE 600  
City-State-Zip: MIAMI FL 33131

Title: VP  
Name: CHU, LINDA  
Address: 501 BRICKELL KEY DRIVE  
SUITE 600  
City-State-Zip: MIAMI FL 33131

*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:** STEPHEN L. OWENS

PRESIDENT

09/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date