I hereby certify that the information indicated on this report or supplemental report is true and act oath; that I am a managing member or manager of the limited liability company or the receiver or that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: SORAYA TYRIVER	VP	04/05/2016

Electronic Signature of Signing Authorized Person(s) Detail

City-State-Zip: BOCA RATON FL 33431

		Electronic Signature of Registered Agent				
	Authorized Person(s) Detail :					
	Title	PRESIDENT	Title	VP, SECRETARY, TREASURER		
	Name	STILLER, DUANE J	Name	TYRIVER, SORAYA		
	Address	2240 NW 19TH STREET SUITE 801	Address	2240 NW 19TH STREET SUITE 801		
	City-State-Zip:	BOCA RATON FL 33431	City-State-Zip:	BOCA RATON FL 33431		
	Title	VP				
	Name	MORELL, JORGE				
	Address	2240 NW 19TH STREET SUITE 801				

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.

FEI Number: 26-1107891

BOCA RATON, FL 33431 US

SUITE 801

SIGNATURE:

Current Mailing Address:

BOCA RATON, FL 33431

2240 NW 19TH STREET SUITE 801 BOCA RATON, FL 33431

Name and Address of Current Registered Agent:

WIENER, DAVID JESQ 2240 NW 19TH STREET

Current Principal Place of Business: 2240 NW 19TH STREET SUITE 801

DOCUMENT# L07000011136

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: WOOLBRIGHT CORAL SPRINGS II MEMBER LLC

FILED Apr 05, 2016 Secretary of State CC7418853489

Certificate of Status Desired: No

Date

Date