2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123873

Entity Name: 348 THE POINT ORLANDO, LLC

Current Principal Place of Business:

200 BISCAYNE BOULEVARD WAY SUITE 4801 MIAMI, FL 33131

Current Mailing Address:

200 BISCAYNE BOULEVARD WAY SUITE 4801 MIAMI, FL 33131 US

FEI Number: 80-0179838

Name and Address of Current Registered Agent:

ANGULO, PAOLA 200 BISCAYNE BOULEVARD WAY SUITE 4801 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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

| Authorized Person(s) Detail : | | | | |
|-------------------------------|--|----------|--|-----|
| Title | MGRM | Title | MGRM | |
| Name | ANGULO, PAOLA | Name | ANGULO, MARCELA | |
| Address | 200 BISCAYNE BOULEVARD WAY SUITE 4801 | Address | s 200 BISCAYNE BOULEVARD W SUITE 4801 | /AY |
| City-State-Zip: | MIAMI FL 33131 | City-Sta | ate-Zip: MIAMI FL 33131 | |
| Title | MGRM | | | |
| Name | ANGULO, ENRIQUE | | | |
| Address | 200 BISCAYNE BOULEVARD WAY SUITE 4801 | | | |
| 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAOLA ANGULO

MGRM

04/29/2013

Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No