

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000006219

**Entity Name:** COBB PARTNERS GP, LLC

**Current Principal Place of Business:**

4000 PONCE DE LEON BLVD  
STE 470  
CORAL GABLES, FL 33146

**Current Mailing Address:**

PO BOX 14-4200  
CORAL GABLES, FL 33114-4200

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PERDOMO, MERCEDES  
4000 PONCE DE LEON BLVD  
STE 470  
CORAL GABLES, FL 33146 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 MGRM  
Name COBB PARTNERS, INC.  
Address PO BOX 14-4200  
City-State-Zip: CORAL GABLES FL 33114-4200

*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:** PERDOMO, MERCEDES

RA

04/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date