that my name appears above, or on an attachment with all other like empowered.	
SIGNATURE: MARC S PLONSKIER	MGRM

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

Electronic Signature of Signing Authorized Person(s) Detail

## Entity Name: GARDENS AT DRIFTWOOD INVESTORS LLC

### **Current Principal Place of Business:**

120 FORBES BLVD. SUITE 180 MANSFIELD, MA 02048-1150

DOCUMENT# L09000038809

#### **Current Mailing Address:**

120 FORBES BLVD. **SUITE 180** MANSFIELD, MA 02048-1150 US

#### FEI Number: 26-4723337

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

LOVELL, TERRY M ESQ. 2200 MUSEUM TOWER **150 WEST FLAGLER STREET** MIAMI, FL 33130 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	: TERRY M LOVELL	0	12/08/2015	
		Electronic Signature of Registered Agent		Date	
Authorized Person(s) Detail :					
	Title	MANAGER	Title	PRESIDENT, AUTHORIZED MEMBER	
	Name	THE GATEHOUSE GROUP, INC.	Name	PLONSKIER, MARC S	
	Address	120 FORBES BLVD. SUITE 180	Address	120 FORBES BLVD. SUITE 180	
	City-State-Zip:	MANSFIELD MA 02048-1150	City-State-Zip:	MANSFIELD MA 02048-1150	
	Title	VP, AUTHORIZED MEMBER	Title	TREASURER	
	Name	CANEPARI, DAVID J	Name	YORKSHAITIS, ROGER	
	Address	120 FORBES BLVD. SUITE 180	Address	120 FORBES BLVD. SUITE 180	
	City-State-Zip:	MANSFIELD MA 02048-1150	City-State-Zip:	MANSFIELD MA 02048-1150	
	Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE	
	Name	INAMDAR, NIKUL A	Name	HAMPTON, SARITA D	
	Address	445 NW 4TH STREET SUITE 108	Address	120 FORBES BLVD. SUITE 180	
	City-State-Zip:	MIAMI FL 33128-1701	City-State-Zip:	MANSFIELD MA 02048-1150	
	Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE	
	Name	LEO, JENNIFER S	Name	LEONARDO, CHRISTOPHER	
	Address	120 FORBES BLVD. SUITE 180	Address	120 FORBES BLVD. SUITE 180	
	City-State-Zip:	MANSFIELD MA 02048-1150	City-State-Zip:	MANSFIELD MA 02048-1150	

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT FILED Dec 08, 2015 Secretary of State

Certificate of Status Desired: No

# CC6995632214

12/08/2015 Date