

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000116575

Entity Name: CC BP I, LLC**Current Principal Place of Business:**2020 SALZEDO STREET, SUITE 200
CORAL GABLES, FL 33134**Current Mailing Address:**2020 SALZEDO STREET, SUITE 200
CORAL GABLES, FL 33134 US**FEI Number:** 27-1495612**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EISENACHER, HAROLD
2020 SALZEDO STREET, SUITE 200
CORAL GABLES, FL 33134 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:** HAROLD EISENACHER

04/05/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	VP
Name	GRAGG, K. LAWRENCE
Address	2020 SALZEDO STREET 5TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134
Title	VP, TREASURER, ASST. SECRETARY
Name	EISENACHER, HAROLD
Address	2020 SALZEDO STREET, SUITE 200
City-State-Zip:	CORAL GABLES FL 33134

Title	PRESIDENT
Name	CARR, JAMES
Address	2020 SALZEDO STREET, SUITE 200
City-State-Zip:	CORAL GABLES FL 33134
Title	VP, SECRETARY, ASST. TREASURER
Name	MIYARES, ANDRES
Address	2020 SALZEDO STREET, SUITE 200
City-State-Zip:	CORAL GABLES FL 33134

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: HAROLD EISENACHER

VP

04/05/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date