

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000116575

Entity Name: CC BP I, LLC**Current Principal Place of Business:**135 SAN LORENZO AVE, STE 740
CORAL GABLES, FL 33146**Current Mailing Address:**135 SAN LORENZO AVE, STE 740
CORAL GABLES, FL 33146**FEI Number:** 27-1495612**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EISENACHER, HAROLD
135 SAN LORENZO AVE, STE 740
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:** HAROLD EISENACHER

04/06/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title VP
Name GRAGG, K. LAWRENCE
Address 135 SAN LORENZO AVE, STE 750
City-State-Zip: CORAL GABLES FL 33146

Title PRESIDENT
Name CARR, JAMES
Address 135 SAN LORENZO AVE, STE 740
City-State-Zip: CORAL GABLES FL 33146

Title VP, TREASURER, ASST. SECRETARY
Name EISENACHER, HAROLD
Address 135 SAN LORENZO AVE, STE 740
City-State-Zip: CORAL GABLES FL 33146

Title VP, SECRETARY, ASST. TREASURER
Name MIYARES, ANDRES
Address 135 SAN LORENZO AVE, STE 740
City-State-Zip: CORAL GABLES FL 33146

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: JAMES CARR

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04/06/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date