

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L10000003435

Entity Name: SWIRE GENERAL HOTEL LLC**Current Principal Place of Business:**501 BRICKELL KEY DRIVE, SUITE 600
MIAMI, FL 33131**Current Mailing Address:**501 BRICKELL KEY DRIVE, SUITE 600
MIAMI, FL 33131**FEI Number:** 65-0816104**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHU, LINDA
501 BRICKELL KEY DRIVE, SUITE 600
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:** LINDA CHU

09/21/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	CEO
Name	BRADLEY, GUY
Address	501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip:	MIAMI FL 33131

Title	PRESIDENT, ASST. SECRETARY
Name	OWENS, STEPHEN L
Address	501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip:	MIAMI FL 33131

Title	VP
Name	GANDOLFO, CHRISTOPHER
Address	501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip:	MIAMI FL 33131

Title	ASST. SECRETARY
Name	MCMAIN, BEVERLEY
Address	501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip:	MIAMI FL 33131

Title	VP
Name	CHU, LINDA
Address	501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip:	MIAMI FL 33131

Title	VP
Name	CORTABARRIA, GONZALO
Address	501 BRICKELL KEY DRIVE, SUITE 600
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN L. OWENS

PRESIDENT

09/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date