

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000051654

**Entity Name:** LF2/MCP LLC

**Current Principal Place of Business:**

400 CLEMATIS STREET  
SUITE 201  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

2851 JOHN STREET  
SUITE 1  
MARKHAM, ONTARIO L3R 5R7 CA

**FEI Number:** 46-0525508

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MGR  
Name GREEN, ROBERT S  
Address 2851 JOHN STREET  
SUITE 1  
City-State-Zip: MARKHAM ONTARIO L3R 5R7

Title MGR  
Name COLLARD, MICHAEL A  
Address 1071 W. MORSE BLVD., SUITE 200  
City-State-Zip: WINTER PARK FL 32789

Title MGR  
Name PRESTON, JEFFREY W  
Address 400 CLEMATIS STREET, SUITE 201  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR  
Name KING, BRYAN P  
Address 1071 W. MORSE BLVD., SUITE 200  
City-State-Zip: WINTER PARK FL 32789

*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: ROBERT S GREEN**

**MANAGER**

**04/07/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date