

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000130858

**Entity Name:** LOFTON ISLAND GP LLC**Current Principal Place of Business:**3RD FL ADMINISTRATION OFFICE  
FORT MYERS, FL 33916**Current Mailing Address:**3RD FL ADMINISTRATION OFFICE  
FORT MYERS, FL 33916 US**FEI Number:** 27-4648638**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLEMAN, AMBER LYNN  
424 LUNA BELLA LN STE 122  
NEW SMYRNA BEACH, FL 32168 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 MANAGER, PRESIDENT  
Name ARMOYAN, GEORGE  
Address 145 HOBSONS LAKE DRIVE  
SUITE 400  
City-State-Zip: HALIFAX NS B3S 0H9

Title MANAGER  
Name PHAM, MARTIN  
Address 424 LUNA BELLA LANE  
SUITE 22  
City-State-Zip: NEW SMYRNA BEACH FL 32168-4685

Title MANGER  
Name SHAHINIAN, DAVID  
Address 424 LUNA BELLA LANE  
SUITE 122  
City-State-Zip: NEW SMYRNA BEACH FL 32168-4685

Title EXECUTIVE VICE-PRESIDENT  
Name JEFFERY, ROBERT J. M.  
Address 145 HOBSONS LAKE DRIVE  
SUITE 400  
City-State-Zip: HALIFAX NS B3S 0H9

Title CORPORATE SECRETARY  
Name ARMOYAN, HRIPSIME  
Address 145 HOBSONS LAKE DRIVE  
SUITE 400  
City-State-Zip: HALIFAX NS B3S 0H9

*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 J.M. JEFFERY

EXECUTIVE VP

04/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date