

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000001118

Entity Name: CRESA PARTNERS OF FLORIDA, LLC**Current Principal Place of Business:**601 BRICKELL KEY DRIVE
SUITE 1000
MIAMI, FL 33131**Current Mailing Address:**601 BRICKELL KEY DRIVE
SUITE 1000
MIAMI, FL 33131**FEI Number:** 27-4642177**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STOLZENBERG, KEITH H
STOLZENBERG, GELLES & FLYNN, LLP
1401 BRICKELL AVE, SUITE 825
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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGR
Name	PREVE, DAVID J
Address	601 BRICKELL KEY DRIVE, SUITE 1000
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	BLACK, BARBARA L
Address	601 BRICKELL KEY DRIVE, SUITE 1000
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	KLEBER, ALAN R
Address	601 BRICKELL KEY DRIVE SUITE 1000
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	BARTON, CHARLES V
Address	601 BRICKELL KEY DRIVE, SUITE 1000
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	GOODMAN, MATTHEW W
Address	601 BRICKELL KEY DRIVE SUITE 1000
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	MARSHALL, JOHN T
Address	601 BRICKELL KEY DRIVE SUITE 1000
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: DAVID J. PREVE**MANAGER****01/12/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date