

**2018 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 BARTON, CHARLES V  
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 GOODMAN, MATTHEW W  
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 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:** BARBARA BLACK**MANAGER****07/02/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date