

2017 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: MATTHEW GOODMAN**MANAGER****03/27/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date