

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000070063

Entity Name: RIVERLAND/KENNEDY II, LLC**Current Principal Place of Business:**1600 SAWGRASS CORPORATE PARKWAY, SUITE 400
SUNRISE, FL 33323**Current Mailing Address:**1600 SAWGRASS CORPORATE PARKWAY, SUITE400
SUNRISE, FL 33323**FEI Number:** 45-2578318**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HELFMAN, STEVEN M. ESQ.
1600 SAWGRASS CORPORATE PARKWAY, SUITE400
SUNRISE, FL 33323 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:** STEVEN M. HELFMAN, ESQ.

04/30/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name ST. LUCIE ASSOCIATES IV, LLLP
Address 1600 SAWGRASS CORPORATE
PARKWAY, SUITE 400
City-State-Zip: SUNRISE FL 33323

Title PRESIDENT
Name EZRATTI, ITZHAK
Address 1600 SAWGRASS CORPORATE
PARKWAY, SUITE 400
City-State-Zip: SUNRISE FL 33323

Title VP, ASST. SECRETARY
Name FANT, ALAN J.
Address 1600 SAWGRASS CORPORATE
PARKWAY, SUITE 400
City-State-Zip: SUNRISE FL 33323

Title VP
Name NORWALK, RICHARD M.
Address 1600 SAWGRASS CORPORATE
PARKWAY, SUITE 400
City-State-Zip: SUNRISE FL 33323

Title VP, TREASURER
Name MENENDEZ, N. MARIA
Address 1600 SAWGRASS CORPORATE
PARKWAY, SUITE 400
City-State-Zip: SUNRISE FL 33323

Title SECRETARY
Name CORBAN, PAUL
Address 1600 SAWGRASS CORPORATE
PARKWAY, SUITE 400
City-State-Zip: SUNRISE FL 33323

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: RICHARD M. NORWALK

VP

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date