

**2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000129638

**FILED  
Jul 31, 2014  
Secretary of State  
CC8318379478**

**Entity Name:** STIRRUP PLAZA PHASE TWO DEVELOPER, LLC

**Current Principal Place of Business:**

315 S BISCAYNE BLVD, 3RD FLOOR  
MIAMI, FL 33131

**Current Mailing Address:**

315 S BISCAYNE BLVD, 4TH FLOOR  
MIAMI, FL 33131 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC  
11380 PROSPERITY FARMS ROAD  
221-E  
PALM BEACH GARDENS, FL 33410 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	MGRM	Title	PRESIDENT
Name	RUDG, LLC	Name	PEREZ, JORGE M
Address	315 S BISCAYNE BLVD	Address	315 S BISCAYNE BLVD, 4TH FLOOR
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	VP	Title	VP, TREASURER, SECRETARY
Name	ALLEN, MATTHEW J	Name	HOYOS, JEFFERY
Address	315 S BISCAYNE BLVD, 4TH FLOOR	Address	315 S BISCAYNE BLVD, 4TH FLOOR
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	VP	Title	VP
Name	MILO, ALBERTO JR	Name	DEL POZZO, TONY
Address	315 S BISCAYNE BLVD, 4TH FLOOR	Address	315 S BISCAYNE BLVD, 4TH FLOOR
City-State-Zip:	MIAMI FL 33131	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: JEFFERY HOYOS**

**VP**

**07/31/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date