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: BARRY BERGMAN

Electronic Signature of Signing Authorized Person(s) Detail

MGRM

04/15/2016

Date

Certificate of Status Desired: No

5300 NW 12TH AVE UNIT 1 FORT LAUDERDALE, FL 33309

FEI Number: 45-4048298

Name and Address of Current Registered Agent:

LEVINSON, ADAM 5300 NW 12TH AVE FORT LAUDERDALE, FL 33309 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: ADAM LEVINSON

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGRM BERGMAN, BARRY Name Address 5300 NW 12TH AVE

City-State-Zip: FORT LAUDERDALE FL 33309

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000141042

Entity Name: FLA RESIDENTIAL MANAGEMENT PARTNERS LLC

Current Principal Place of Business:

5300 NW 12TH AVE UNIT 1 FORT LAUDERDALE, FL 33309

Current Mailing Address:

FILED Apr 15, 2016 Secretary of State CC0337127339