

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000002704

**Entity Name:** W MULTIFAMILY PARTNERS LLC

**Current Principal Place of Business:**

20803 BISCAYNE BLVD  
STE 501  
AVENTURE, FL 33180

**Current Mailing Address:**

20803 BISCAYNE BLVD  
STE 501  
AVENTURE, FL 33180 US

**FEI Number:** 45-4184923

**Certificate of Status Desired:** No

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

LAMONT, NEIMAN & INTERIAN  
100 NORTH BISCAYNE BLVD STE 801  
MIAMI, FL 33132 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 WOLDENBERG, JORGE  
Address 20803 BISCAYNE BLVD  
STE 501  
City-State-Zip: AVENTURE FL 33180

*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:** JORGE WOLDENBERG

**MANAGER**

**03/03/2017**

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

\_\_\_\_\_  
Date