

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000074564

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC1566305415**

**Entity Name:** GARNET GREENSBORO ROAD REAL ESTATE, LLC

**Current Principal Place of Business:**

4675 MACARTHUR COURT, SUITE 1550  
NEWPORT BEACH, CA 92660

**Current Mailing Address:**

4675 MACARTHUR COURT, SUITE 1550  
NEWPORT BEACH, CA 92660

**FEI Number:** 27-3055615

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 SABAL FINANCIAL GROUP, L.P.  
Address 4675 MACARTHUR COURT, SUITE 1550  
City-State-Zip: NEWPORT BEACH CA 92660

Title MANAGER  
Name JACKSON, R. PATTERSON  
Address 4675 MACARTHUR COURT, SUITE 1550  
City-State-Zip: NEWPORT BEACH CA 92660

Title MANAGER  
Name CONNAUGHTON, MAUREEN  
Address 4675 MACARTHUR COURT, SUITE 1550  
City-State-Zip: NEWPORT BEACH CA 92660

Title MANAGER  
Name WARWICK, RON  
Address 4675 MACARTHUR COURT, SUITE 1550  
City-State-Zip: NEWPORT BEACH CA 92660

Title MANAGER  
Name ABRAHAM, SAMUEL  
Address 4675 MACARTHUR COURT, SUITE 1550  
City-State-Zip: NEWPORT BEACH CA 92660

*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:** R. PATTERSON JACKSON

**MANAGER**

**04/30/2014**

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

\_\_\_\_\_  
Date