

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000080221

**Entity Name:** AREP MANAGER, LLC

**Current Principal Place of Business:**

21500 BISCAYNE BLVD., SUITE 700  
AVENTURA, FL 33180

**Current Mailing Address:**

21500 BISCAYNE BLVD., SUITE 700  
AVENTURA, FL 33180 US

**FEI Number:** 46-0549470

**Certificate of Status Desired:** No

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

MEYER, JOHN P  
21500 BISCAYNE BLVD., SUITE 700  
AVENTURA, FL 33180 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:** JOHN P. MEYER

03/12/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title EXECUTIVE VP  
Name ADLER, MICHAEL M  
Address 9050 PINES BLVD  
SUITE 101  
City-State-Zip: PEMBROKE PINES FL 33024

Title PRESIDENT  
Name ADLER, MATTHEW  
Address 21500 BISCAYNE BLVD, SUITE 700  
City-State-Zip: AVENTURA FL 33180

Title VP  
Name MEYER, JOHN P  
Address 21500 BISCAYNE BLVD., SUITE 700  
City-State-Zip: AVENTURA FL 33180

Title S, T  
Name MEYER, JOHN  
Address 21500 BISCAYNE BLVD.  
SUITE 700  
City-State-Zip: AVENTURA FL 33180

Title MANAGER  
Name ADLER, MATTHEW L  
Address 21500 BISCAYNE BLVD., SUITE 700  
City-State-Zip: AVENTURA FL 33180

Title VP  
Name RAHMAN, NICHILAS  
Address 21500 BISCAYNE BLVD  
SUITE 700  
City-State-Zip: AVENTURA 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:** JOHN MEYER

VP

03/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date