

**2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L12000130014

**Entity Name:** EHOFF TWIN CREEKS, LLC

**Current Principal Place of Business:**

1951 NW 19TH STREET  
200  
BOCA RATON, FL 33431

**Current Mailing Address:**

1951 NW 19TH STREET  
200  
BOCA RATON, FL 33431

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WHITE, K. TAYLOR  
150 W FLAGLER ST  
200  
MIAMI, FL 33130 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  
Name EHOFF II (HOLDINGS) A, L.P.  
Address 1951 NW 19TH STREET  
SUITE 200  
City-State-Zip: BOCA RATON FL 33431

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ARTHUR FALCONE

**MANAGING PRINCIPAL**

**05/14/2013**

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

\_\_\_\_\_  
Date