

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000047251

Entity Name: INTERNATIONAL PROPERTY PARTNERS 2, LLC**Current Principal Place of Business:**9724 NORTH ARMENIA AVENUE
SUITE 300
TAMPA, FL 33612**Current Mailing Address:**9724 NORTH ARMENIA AVENUE
SUITE 300
TAMPA, FL 33612 US**FEI Number:** 46-2483944**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GIAMMUGNANI, ARTURO
9724 NORTH ARMENIA AVENUE
SUITE 300
TAMPA, FL 33612 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 ELISA DELEO, ANDREA
Address 9724 NORTH ARMENIA AVENUE
SUITE 300
City-State-Zip: TAMPA FL 33612

Title MGRM
Name GIAMMUGNANI, ARTURO
Address 9724 NORTH ARMENIA AVENUE
SUITE 300
City-State-Zip: TAMPA FL 33612

Title MGRM
Name MORANO, ANTONIO
Address 9724 NORTH ARMENIA AVENUE
SUITE 300
City-State-Zip: TAMPA FL 33612

Title MGRM
Name HERNAN MANCUSO, DIEGO
Address 9724 NORTH ARMENIA AVENUE
SUITE 300
City-State-Zip: TAMPA FL 33612

Title MGRM
Name LUIS VAZQUEZ, JOSE
Address 9724 NORTH ARMENIA AVENUE
SUITE 300
City-State-Zip: TAMPA FL 33612

Title MGRM
Name GASPARINETTI, CESAR
Address 9724 NORTH ARMENIA AVENUE
SUITE 300
City-State-Zip: TAMPA FL 33612

Title MGRM
Name ALONSO, DIEGO H
Address 9724 NORTH ARMENIA AVENUE
SUITE 300
City-State-Zip: TAMPA FL 33612

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: ARTURO GIAMMUGNANI

MGR

04/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date