

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000102786

**Entity Name:** SECOND AVENUE FELDMAN TOWER LLC

**Current Principal Place of Business:**

135 W. CENTRAL BLVD., SUITE 900  
ORLANDO, FL 32801

**Current Mailing Address:**

135 W. CENTRAL BLVD., SUITE 900  
ORLANDO, FL 32801 US

**FEI Number: 80-0941847**

**Certificate of Status Desired: No**

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

STEIN, CLIFFORD L  
135 W. CENTRAL BLVD., SUITE 900  
ORLANDO, FL 32801 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 ST. PETE TOWER, LLC  
Address 135 W. CENTRAL BLVD., SUITE 900  
City-State-Zip: ORLANDO FL 32801

Title MGRM  
Name 2ND AVENUE FELDMAN, LLC  
Address 100 SOUTH ASHLEY DRIVE, SUITE 200  
City-State-Zip: TAMPA FL 33602

*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: ST. PETER TOWER, LLC**

**MGRM**

**04/04/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date