

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000113713

**Entity Name:** BBX CAPITAL PARTNERS, LLC

**Current Principal Place of Business:**

401 E LAS OLAS BLVD  
STE 800  
FT LAUDERDALE, FL 33301

**Current Mailing Address:**

401 E LAS OLAS BLVD  
STE 800  
FT LAUDERDALE, FL 33301 US

**FEI Number:** 46-3401628

**Certificate of Status Desired:** No

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

STEARNS WEAVER MILLER, PA  
MUSEUM TOWER  
150 WEST FLAGLER STREET SUITE 2200  
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:** ALISON MILLER

04/16/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name BBX CAPITAL CORPORATION  
Address 401 E LAS OLAS BLVD  
STE 800  
City-State-Zip: FT LAUDERDALE FL 33301

Title MANAGER  
Name ABDO, JOHN  
Address 401 E LAS OLAS BLVD  
STE 800  
City-State-Zip: FT LAUDERDALE FL 33301

Title MANAGER  
Name LEVAN, JARETT  
Address 401 E LAS OLAS BLVD  
STE 800  
City-State-Zip: FT LAUDERDALE FL 33301

Title MANAGER  
Name WISE, SETH  
Address 401 E LAS OLAS BLVD  
STE 800  
City-State-Zip: FT LAUDERDALE FL 33301

Title TREASURER  
Name LOPEZ, RAY  
Address 401 E LAS OLAS BLVD  
STE 800  
City-State-Zip: FT LAUDERDALE FL 33301

*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:** RAY LOPEZ

CFO

04/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date