

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000142884

Entity Name: 700 EDGEWATER DEVELOPMENT, LLC.**Current Principal Place of Business:**2525 PONCE DE LEON BOULEVARD
FOURTH FLOOR, ATT: SCC
CORAL GABLES, FL 33134**Current Mailing Address:**2525 PONCE DE LEON BOULEVARD
FOURTH FLOOR, ATT: SCC
CORAL GABLES, FL 33134**FEI Number:** 46-4868728**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRONIG, STEVEN C
2525 PONCE DE LEON BOULEVARD
FOURTH FLOOR
CORAL GABLES, FL 33134 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	AUTHORIZED MEMBER
Name	OBE EDGEWATER LLC
Address	2525 PONCE DE LEON BOULEVARD FOURTH FLOOR, ATT: SCC
City-State-Zip:	CORAL GABLES FL 33134

Title	AUTHORIZED MEMBER
Name	PPT EDGEWATER LLC
Address	2525 PONCE DE LEON BOULEVARD FOURTH FLOOR, ATT: SCC
City-State-Zip:	CORAL GABLES FL 33134

Title	AUTHORIZED REPRESENTATIVE
Name	SCOLA, FRANCIS H III
Address	2525 PONCE DE LEON BOULEVARD FOURTH FLOOR, ATT: SCC
City-State-Zip:	CORAL GABLES FL 33134

Title	AUTHORIZED REPRESENTATIVE
Name	CINI, OKTAY A.
Address	2525 PONCE DE LEON BOULEVARD FOURTH FLOOR, ATT: SCC
City-State-Zip:	CORAL GABLES FL 33134

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: FRANCIS H. SCOLA III**AUTHORIZED
REPRESENTATIVE****06/08/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date