

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000079666

Entity Name: COLISEUM CENTER MANAGER, LLC

Current Principal Place of Business:

ONE ALHAMBRA PLAZA, SUITE 1450
CORAL GABLES, FL 33134

Current Mailing Address:

ONE ALHAMBRA PLAZA, SUITE 1450
CORAL GABLES, FL 33134

FEI Number: 47-0985387

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MGR
Name SOCOLSKY, SERGIO
Address ONE ALHAMBRA PLAZA, SUITE 1450
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: SERGIO SOCOLSKY

MEMBER

03/29/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date