

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000165802

**Entity Name:** EMERALD VILLAS PHASE TWO MANAGER, LLC

**Current Principal Place of Business:**

315 S. BISCAYNE BLVD  
MIAMI, FL 33131

**FILED**  
**Apr 26, 2018**  
**Secretary of State**  
**CC5883644580**

**Current Mailing Address:**

315 S. BISCAYNE BLVD  
MIAMI, FL 33131 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC  
11380 PROSPERITY FARMS ROAD  
#221-E  
P, FL 33410 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 P  
Name PEREZ, JORGE M  
Address 315 S. BISCAYNE BLVD.  
City-State-Zip: MIAMI FL 33131

Title VP  
Name ALLEN, MATTHEW J  
Address 315 S. BISCAYNE BLVD.  
City-State-Zip: MIAMI FL 33131

Title VP, TREASURER, SECRETARY  
Name HOYOS, JEFFERY  
Address 315 S. BISCAYNE BLVD.  
City-State-Zip: MIAMI FL 33131

Title VP  
Name MILO, ALBERTO JR.  
Address 315 S. BISCAYNE BLVD.  
City-State-Zip: MIAMI FL 33131

Title VP  
Name DEL POZZO, TONY  
Address 315 S. BISCAYNE BLVD.  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name JMP, LLC  
Address 315 S. BISCAYNE BLVD  
4TH FLOOR  
City-State-Zip: MIAMI FL 33131

*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:** PEREZ , JORGE M

MANAGER, DIANE  
CHICHESTER,  
ATTORNEY-IN-FACT

04/26/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date