

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000054818

Entity Name: FI PARTNERS LLC**Current Principal Place of Business:**TWO SOUTH BISCAYNE BLVD-SUITE 1800
MIAMI, FL 33131**Current Mailing Address:**TWO SOUTH BISCAYNE BLVD-SUITE 1800
MIAMI, FL 33131 US**FEI Number:** 82-2901425**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHOUKROUN, DIDIER
TWO SOUTH BISCAYNE BLVD-SUITE 1800
MIAMI, FL 33131 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	CHOUKROUN, DIDIER
Address	2 SOUTH BISCAYNE BOULEVARD, SUITE 1800
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	COOTS, CHRIS
Address	2 SOUTH BISCAYNE BOULEVARD, SUITE 1800
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	PUYPLAT, HERVE
Address	2 SOUTH BISCAYNE BOULEVARD, SUITE 1800
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	EGOZI CHOUKROUN, ESTHER
Address	2 SOUTH BISCAYNE BOULEVARD, SUITE 1800
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: DIDIER CHOUKROUN**MGR****03/29/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date