

**2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L17000218433

**Entity Name:** ALTIS PROMENADE MANAGER, LLC**Current Principal Place of Business:**1515 S FEDERAL HWY STE 300  
BOCA RATON, FL 33432**Current Mailing Address:**1515 S FEDERAL HWY STE 300  
BOCA RATON, FL 33432 US**FEI Number:** 82-3182885**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BCRA,LLC  
LYNN FINANCIAL CENTER  
1905 NW CORPORATE BLVD SUITE 310  
BOCA RATON, FL 33431 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	ALTMAN PROMENADE MANAGER, LLC
Address	1515 S FEDERAL HWY STE 300
City-State-Zip:	BOCA RATON FL 33432

Title	CFO
Name	PETERSON, TIMOTHY A
Address	1515 S FEDERAL HWY STE 300
City-State-Zip:	BOCA RATON FL 33432

Title	CHAIRMAN
Name	ALTMAN, JOEL L
Address	1515 S FEDERAL HWY STE 300
City-State-Zip:	BOCA RATON FL 33432

Title	VP
Name	ROBERTS, JEFFERY
Address	1515 S FEDERAL HWY STE 300
City-State-Zip:	BOCA RATON FL 33432

*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:** TIMOTHY PETERSON

03/06/2019

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