

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000235849

**Entity Name:** BRISAS DEL ESTE PHASE TWO MANAGER, LLC**Current Principal Place of Business:**2850 TIGERTAIL AVE, SUITE 800  
MIAMI, FL 33133**Current Mailing Address:**2850 TIGERTAIL AVE, SUITE 800  
SUITE 800  
MIAMI, FL 33133 US**FEI Number:** 83-3038645**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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:**

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Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	PRESIDENT
Name	PEREZ, JORGE M
Address	2850 TIGERTAIL AVE, SUITE 800
City-State-Zip:	MIAMI FL 33133

Title	VP
Name	ALLEN, MATTHEW
Address	2850 TIGERTAIL AVE, SUITE 800
City-State-Zip:	MIAMI FL 33133

Title	VP / SECRETARY / TREASURER
Name	HOYOS, JEFFERY
Address	2850 TIGERTAIL AVE, SUITE 800
City-State-Zip:	MIAMI FL 33133

Title	VP
Name	JR., ALBERTO MILO,
Address	2850 TIGERTAIL AVE, SUITE 800
City-State-Zip:	MIAMI FL 33133

Title	VP
Name	POZZO, TONY DEL
Address	2850 TIGERTAIL AVE, SUITE 800
City-State-Zip:	MIAMI FL 33133

Title	MANAGER
Name	LLC, JMP,
Address	2850 TIGERTAIL AVE, SUITE 800
City-State-Zip:	MIAMI FL 33133

*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:** JMP, LLCMANAGER, BY JON-  
MICHAEL SANCHEZ,  
ATTORNEY-IN-FACT

04/26/2024

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Electronic Signature of Signing Authorized Person(s) Detail

Date