

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000083586

Entity Name: CX OWNERS, LLC

**Current Principal Place of Business:**

4890 W KENNEDY BLVD  
SUITE 200  
TAMPA, FL 33609

**FILED**  
**Apr 13, 2021**  
**Secretary of State**  
**7189510798CC**

**Current Mailing Address:**

4890 W KENNEDY BLVD  
SUITE 200  
TAMPA, FL 33609 US

FEI Number: 83-4299851

Certificate of Status Desired: No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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 MEMBER  
Name NEWPORT ADVISOR OWNERSHIP, LLC,  
Address 4890 W KENNEDY BLVD SUITE 200  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name NEWPORT REALTY, INC  
Address 4890 W KENNEDY BLVD SUITE 200  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name GREYSTONE EQUITY, LLC  
Address 4890 W KENNEDY BLVD SUITE 200  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name GCR MANAGEMENT, LLC,  
Address 3822 W SANTIAGO STREET  
City-State-Zip: TAMPA FL 33629

Title MEMBER  
Name AUDENTIA FAMILY INVESTMENTS, LLC  
Address 4890 W KENNEDY BLVD SUITE 200  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name GUARD, THOMAS W  
Address 4890 W KENNEDY BLVD SUITE 200  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name ALLEGIANT MULTIFAMILY CAPITAL ADVISORS, INC.  
Address 4890 W KENNEDY BLVD SUITE 200  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name CPFEIFER CMF, LLC  
Address 4890 W KENNEDY BLVD SUITE 200  
City-State-Zip: TAMPA FL 33609

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*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: DALLAS WHITAKER

AUTHORIZED PERSON

04/13/2021

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title MEMBER  
Name JS HOLDINGS, LLC  
Address 4890 W KENNEDY BLVD  
SUITE 200  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name ROBINSON, LISA  
Address 4890 W KENNEDY BLVD  
SUITE 200  
City-State-Zip: TAMPA FL 33609

Title AUTHORIZED PERSON  
Name WHITAKER, DALLAS  
Address 4890 W KENNEDY BLVD  
SUITE 200  
City-State-Zip: TAMPA FL 33609