

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000367214

**Entity Name:** NEW ORLEANS PROPERTY PARTNERS, LLC

**Current Principal Place of Business:**

1600 NW 163 ST  
MIAMI, FL 33169

**FILED**  
**Apr 19, 2023**  
**Secretary of State**  
**5527569140CC**

**Current Mailing Address:**

1600 NW 163 ST  
ATTN: TAMMY LOVE  
MIAMI, FL 33169 US

**FEI Number: 88-3863945**

**Certificate of Status Desired: No**

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

SCHERMER, STEVEN J  
100 SE 3RD AVENUE  
SUITE 1850  
FORT LAUDERDALE, FL 33394 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           MANAGER  
Name            CHAPLIN, WAYNE E  
Address         1600 NW 163 ST  
City-State-Zip: MIAMI FL 33169

Title           MANAGER  
Name            BECKER, STEVEN R  
Address         1600 NW 163 ST  
City-State-Zip: MIAMI FL 33169

Title           MANAGER  
Name            HAGER, LEE F  
Address         1600 NW 163 ST  
City-State-Zip: MIAMI FL 33169

Title           MANAGER  
Name            GLAZER, BENNETT J  
Address         1600 NW 163 ST  
City-State-Zip: MIAMI FL 33169

*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: STEVEN R BECKER**

**MANAGER**

**04/19/2023**

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

\_\_\_\_\_  
Date