

**2014 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M0200000859

**Entity Name:** SWIRE JADE GENERAL LLC

**Current Principal Place of Business:**

501 BRICKELL KEY DRIVE, SUITE 600  
MIAMI, FL 33131

**Current Mailing Address:**

501 BRICKELL KEY DRIVE, SUITE 600  
MIAMI, FL 33131

**FEI Number:** 47-0900173

**Certificate of Status Desired:** No

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

PEARSON, DALIA  
501 BRICKELL KEY DRIVE, SUITE 600  
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:** DALIA PEARSON

04/28/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MR	Title	P/AS
Name	CUBBON, MARTIN CEO	Name	OWENS, STEPHEN L
Address	501 BRICKELL KEY DRIVE, SUITE 600	Address	501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	VP	Title	VP
Name	KELLY, MEGAN	Name	GANDOLFO, CHRIS
Address	501 BRICKELL KEY DRIVE, SUITE 600	Address	501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	S/T	Title	AS
Name	PEARSON, DALIA	Name	MCMAIN, BEVERLEY
Address	501 BRICKELL KEY DRIVE, SUITE 600	Address	501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip:	MIAMI FL 33131	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:** STEPHEN L. OWENS

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date