

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0200000859

FILED
Apr 13, 2015
Secretary of State
CC7742725969

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

04/13/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name BRADLEY, GUY
Address 501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip: MIAMI FL 33131

Title PRESIDENT, ASST. SECRETARY
Name OWENS, STEPHEN L
Address 501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip: MIAMI FL 33131

Title VP
Name GANDOLFO, CHRIS
Address 501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip: MIAMI FL 33131

Title SECRETARY, TREASURER
Name PEARSON, DALIA
Address 501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip: MIAMI FL 33131

Title ASST. SECRETARY
Name MCMAN, BEVERLEY
Address 501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip: MIAMI FL 33131

Title VP
Name CHU, LINDA
Address 501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip: MIAMI FL 33131

Title VP
Name CHU, LINDA
Address 501 BRICKELL KEY DRIVE, SUITE 600
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: DALIA PEARSON

04/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date