

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000000308

**Entity Name:** MSKP IBIS PARTNERS GP, L.L.C.**Current Principal Place of Business:**

C/O MSKP MANAGEMENT COMPANY, LLC  
4500 PGA BOULEVARD, SUITE 400  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

C/O MSKP MANAGEMENT COMPANY, LLC  
4500 PGA BOULEVARD, SUITE 400  
PALM BEACH GARDENS, FL 33418

**FEI Number: 16-1663678****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

SPEER, GEORGE  
4500 PGA BOULEVARD  
SUITE 400  
PALM BEACH GARDENS, FL 33418 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 AUTHORIZED MEMBER  
Name MSKP IBIS HOLDINGS, L.L.C.  
Address 4500 PGA BOULEVARD, SUITE 400  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title CEO, PRESIDENT  
Name KITSON, SYDNEY W  
Address 4500 PGA BOULEVARD, SUITE 400  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title VP  
Name HUDSPETH, MARK  
Address 4500 PGA BOULEVARD, SUITE 400  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title VPAS  
Name HOBAN, THOMAS M  
Address 4500 PGA BOULEVARD, SUITE 400  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title TS  
Name SPEER, GEORGE G  
Address 4500 PGA BOULEVARD, SUITE 400  
City-State-Zip: PALM BEACH GARDENS FL 33418

*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: SYDNEY W. KITSON****CHIEF EXECUTIVE  
OFFICER****04/28/2014**

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Electronic Signature of Signing Authorized Person(s) Detail

Date