

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000000548

**Entity Name:** MSR GL RESORT GP LLC

**Current Principal Place of Business:**

345 PARK AVENUE  
NEW YORK, NY 10154

**Current Mailing Address:**

345 PARK AVENUE  
NEW YORK, NY 10154 US

**FEI Number:** 04-3842932

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
C/O C T CORPORATION SYSTEM  
PLANTATION, FL 33324 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           MANAGING DIRECTOR  
Name           RUFFING, THOMAS  
Address        345 PARK AVENUE  
City-State-Zip: NEW YORK NY 10154

Title           PRINCIPAL  
Name           GINSBERG, DEBORAH  
Address        345 PARK AVENUE  
City-State-Zip: NEW YORK NY 10154

Title           PRINCIPAL  
Name           WACHTER, KEVIN  
Address        345 PARK AVENUE  
City-State-Zip: NEW YORK NY 10154

*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:** THOMAS RUFFING

**MANAGING DIRECTOR**

**04/16/2015**

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

\_\_\_\_\_  
Date