

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000006053

**Entity Name:** MSKP PLAZA DEL MAR, LLC**Current Principal Place of Business:**4500 PGA BOULEVARD  
SUITE 400  
PALM BEACH GARDENS, FL 33418**Current Mailing Address:**4500 PGA BOULEVARD  
SUITE 400  
PALM BEACH GARDENS, FL 33418**FEI Number:** 33-1146676**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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title	AUTHORIZED MEMBER
Name	KE RETAIL HOLDINGS, INC.
Address	4500 PGA BOULEVARD, SUITE 400
City-State-Zip:	PALM BEACH GARDENS FL 33418

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

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

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

Title	VP
Name	VANDER MAY, WILLIAM R.
Address	4500 PGA BOULEVARD SUITE 400
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	VP
Name	GEIGER, GLENN C
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****04/28/2015**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date