

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000000525

**Entity Name:** KC INVESTORS FLORIDA I, LLC

**Current Principal Place of Business:**

4000 ISLAND BLVD., PH2  
AVENTURA, FL 33160

**Current Mailing Address:**

4000 ISLAND BLVD., PH2  
AVENTURA, FL 33160

**FEI Number:** 20-8432918

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 INVESTMENT PARTNERS III, LLC  
Address 4000 ISLAND BLVD., PH2  
City-State-Zip: AVENTURA FL 33160

Title MANAGER  
Name TH CO MANAGEMENT, INC  
Address 4000 ISLAND BLVD., PH2  
City-State-Zip: AVENTURA FL 33160

Title EVP  
Name LIEB, JAMES  
Address 4000 ISLAND BLVD., PH2  
City-State-Zip: AVENTURA FL 33160

Title EVP  
Name HIRSCH, MARK S  
Address 4000 ISLAND BLVD., PH2  
City-State-Zip: AVENTURA FL 33160

Title SVP  
Name TODES, MARK  
Address 4000 ISLAND BLVD., PH2  
City-State-Zip: AVENTURA FL 33160

Title AVP  
Name TORPEY, CARITE L  
Address 4000 ISLAND BLVD., PH2  
City-State-Zip: AVENTURA FL 33160

Title A-SEC  
Name FELDMAN, RICHARD  
Address 4000 ISLAND BLVD., PH2  
City-State-Zip: AVENTURA FL 33160

Title SVP, MGRD  
Name TRUMP, JOSHUA  
Address 4000 ISLAND BLVD., PH2  
City-State-Zip: AVENTURA FL 33160

*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:** CARITE L TORPEY

AVP

04/26/2016

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

\_\_\_\_\_  
Date