

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000002010

**FILED**  
**Apr 26, 2016**  
**Secretary of State**  
**CC7949605819**

**Entity Name:** CRYSTAL INVESTORS FLORIDA, LLC

**Current Principal Place of Business:**

4000 ISLAND BLVD., PH-2  
AVENTURA, FL 33160

**Current Mailing Address:**

4000 ISLAND BLVD., PH-2  
AVENTURA, FL 33160

**FEI Number:** 26-0160557

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 CRYSTAL IF HOLDINGS, LLC  
Address 4000 ISLAND BLVD., PH-2  
City-State-Zip: AVENTURA FL 33160

Title CC  
Name TRUMP, JULIUS  
Address 4000 ISLAND BOULEVARD PH2  
City-State-Zip: AVENTURA FL 33160

Title CC  
Name TRUMP, EDDIE  
Address 4000 ISLAND BOULEVARD PH2  
City-State-Zip: AVENTURA FL 33160

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

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

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

Title MANAGER  
Name TH CO MANAGEMENT, INC  
Address 4000 ISLAND BLVD., PH-2  
City-State-Zip: AVENTURA FL 33160

Title SVP, MGRD  
Name TRUMP, JOSHUA  
Address 4000 ISLAND BLVD., PH-2  
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