

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000007319

FILED
Apr 22, 2014
Secretary of State
CC1169663058

Entity Name: ALL ABOARD FLORIDA - OPERATIONS LLC

Current Principal Place of Business:

2855 LEJEUNE ROAD, 4TH FLOOR
CORAL GABLES, FL 33134

Current Mailing Address:

2855 LEJEUNE ROAD, 4TH FLOOR
CORAL GABLES, FL 33134

FEI Number: 35-2369219

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COBB, KOLLEEN O.P.
2855 LEJEUNE ROAD, 4TH FLOOR
CORAL GABLES, FL 33134 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: KOLLEEN O.P. COBB

04/22/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name FDG ROW MEZZANINE, LLC
Address 2855 LEJEUNE ROAD, 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title VP, SECRETARY
Name COBB, KOLLEEN O.P.
Address 2855 LEJEUNE ROAD, 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name SIGNORELLO, VINCENT
Address 2855 LEJEUNE ROAD, 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title VP, TREASURER, ASST. SECRETARY
Name GODOY, JUAN
Address 2855 LEJEUNE ROAD, 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT
Name REININGER, MICHAEL P.
Address 2855 LEJEUNE ROAD, 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT
Name ROBINSON, DONALD C.
Address 2855 LEJEUNE ROAD, 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

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: KOLLEEN O.P. COBB

VICE PRESIDENT

04/22/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date