2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000007319

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 04/20/2015

Electronic Signature of Registered Agent

Date

FILED Apr 20, 2015

Secretary of State

CC2679629197

Authorized Person(s) Detail :

Title VP, SECRETARY Title VP

Name COBB, KOLLEEN O.P. Name SIGNORELLO, VINCENT

Address 2855 LEJEUNE ROAD, 4TH FLOOR Address 2855 LEJEUNE ROAD, 4TH FLOOR

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title VP, TREASURER, ASST. SECRETARY Title PRESIDENT

Name GODOY, JUAN Name REININGER, MICHAEL P.

Address 2855 LEJEUNE ROAD, 4TH FLOOR Address 2855 LEJEUNE ROAD, 4TH FLOOR

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT Title CFO, VP

Name BRADISH, MICHAEL Name ENDERBY, HEATHER

Address 2855 LEJEUNE ROAD, 4TH FLOOR Address 2855 LEJEUNE ROAD, 4TH FLOOR

City-State-Zip: CORAL GABLES FL 33134 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 COBB VICE PRESIDENT 04/20/2015