#### 2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0900002408

Entity Name: THE WILLIAMS ISLAND COMPANIES, 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: 27-0417967

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

Certificate of Status Desired: No

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

### Authorized Person(s) Detail :

Title	MGRM	Title	EVP
Name	TG DEVELOPMENT I, LLC	Name	LIEB, JAMES
Address	4000 ISLAND BLVD., PH2	Address	4000 ISLAND BLVD., PH2
City-State-Zip:	AVENTURA FL 33160	City-State-Zip:	AVENTURA FL 33160
Title	VP	Title	TREASURER
Name	DEGNAN, BRIAN	Name	LILLYCROP, WILLIAM
Address	4000 ISLAND BLVD., PH2	Address	4000 ISLAND BLVD., PH2
City-State-Zip:	AVENTURA FL 33160	City-State-Zip:	AVENTURA FL 33160
Title	AVP	Title	CFO
Name	TORPEY, CARITE	Name	SHMUELI, OREN
Address	4000 ISLAND BLVD., PH2	Address	4000 ISLAND BLVD., PH2
City-State-Zip:	AVENTURA FL 33160	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: WILLIAM J LILLYCROP

TREASURER

04/14/2016 Date

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Apr 14, 2016 Secretary of State CC2671352896