

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000005009

**Entity Name:** RT MIRAMAR I, LLC

**Current Principal Place of Business:**

90 PARK AVENUE  
32ND FLOOR  
NEW YORK , NY 10016

**Current Mailing Address:**

90 PARK AVENUE  
32ND FLOOR  
NEW YORK , NY 10016 US

**FEI Number:** 80-0907001

**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	MANAGER, CEO	Title	MANAGER, PRESIDENT
Name	DUGAN, GORDON F	Name	HARRIS, BENJAMIN P
Address	90 PARK AVENUE 32ND FLOOR	Address	90 PARK AVENUE 32ND FLOOR
City-State-Zip:	NEW YORK NY 10016	City-State-Zip:	NEW YORK NY 10016
Title	MANAGER, CFO, TREASURER	Title	MANAGER, GENERAL COUNSEL, VP
Name	CLARK, JON W	Name	MATEY JR., EDWARD J
Address	90 PARK AVENUE 32ND FLOOR	Address	90 PARK AVENUE 32ND FLOOR
City-State-Zip:	NEW YORK NY 10016	City-State-Zip:	NEW YORK NY 10016
Title	MANAGER, MANAGING DIRECTOR, VP	Title	MANAGER, MANAGING DIRECTOR, VP
Name	ROTHSCHILD, ALLAN B	Name	TUBESING, PETER M
Address	90 PARK AVENUE 32ND FLOOR	Address	90 PARK AVENUE 32ND FLOOR
City-State-Zip:	NEW YORK NY 10016	City-State-Zip:	NEW YORK NY 10016
Title	MANAGER, MANAGING DIRECTOR, VP	Title	MANAGER, MANAGING DIRECTOR, VP
Name	PELL, NICHOLAS L	Name	HUFFMAN, SONYA A
Address	90 PARK AVENUE 32ND FLOOR	Address	90 PARK AVENUE 32ND FLOOR
City-State-Zip:	NEW YORK NY 10016	City-State-Zip:	NEW YORK NY 10016

*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:** JON W. CLARK

**TREASURER**

04/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date