

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1000002163

**Entity Name:** CD139 GP, LLC

**Current Principal Place of Business:**

610 N. WYMORE ROAD, SUITE 200  
MAITLAND, FL 32751

**Current Mailing Address:**

610 N. WYMORE ROAD, SUITE 200  
MAITLAND, FL 32751

**FEI Number:** 27-2353797

**Certificate of Status Desired:** Yes

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MGRM  
Name TAURUS INVESTMENT HOLDINGS, LLC  
Address 610 N. WYMORE ROAD, SUITE 200  
City-State-Zip: MAITLAND FL 32751

Title MGR  
Name KASSOF, LINDA  
Address 610 N. WYMORE ROAD, SUITE 200  
City-State-Zip: MAITLAND FL 32751

Title MGR  
Name REIBLING, GUENTHER  
Address 610 N. WYMORE ROAD, SUITE 200  
City-State-Zip: MAITLAND FL 32751

Title MGR  
Name MERRIGAN, PETER  
Address 22 BATTERYMARCH STREET  
City-State-Zip: BOSTON MA 02109

Title MGR  
Name REIBLING, LORENZ  
Address 22 BATTERYMARCH STREET  
City-State-Zip: BOSTON MA 02109

Title MGR  
Name RIJBOUT, ERIK  
Address 22 BATTERYMARCH STREET  
City-State-Zip: BOSTON MA 02109

*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:** LINDA G. KASSOF

**MANAGER**

**03/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date