

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000004109

Entity Name: SE 2ND AVE MIAMI APARTMENTS INVESTORS LLC

Current Principal Place of Business:

2001 SUMMIT PARK DRIVE, SUITE 300
ORLANDO, FL 32810

Current Mailing Address:

2001 SUMMIT PARK DRIVE, SUITE 300
ORLANDO, FL 32810

FEI Number: 46-3071075

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	MGR	Title	PRESIDENT
Name	ZF MET 3, LLC	Name	WEST, GREG T
Address	2001 SUMMIT PARK DRIVE, SUITE 300	Address	2001 SUMMIT PARK DRIVE, SUITE 300
City-State-Zip:	ORLANDO FL 32810	City-State-Zip:	ORLANDO FL 32810
Title	EVP	Title	EVP, CFO, TREASURER
Name	STEPHENS, SAMUEL C III	Name	WARNER, BRIAN J
Address	2001 SUMMIT PARK DRIVE, SUITE 300	Address	2001 SUMMIT PARK DRIVE, SUITE 300
City-State-Zip:	ORLANDO FL 32810	City-State-Zip:	ORLANDO FL 32810
Title	VP	Title	VP
Name	HATCHER, GRAHAM D	Name	CLAYTON, KYLE R
Address	2001 SUMMIT PARK DRIVE, SUITE 300	Address	2001 SUMMIT PARK DRIVE, SUITE 300
City-State-Zip:	ORLANDO FL 32810	City-State-Zip:	ORLANDO FL 32810
Title	SECRETARY		
Name	SLATER, JAMES E		
Address	2001 SUMMIT PARK DRIVE, SUITE 300		
City-State-Zip:	ORLANDO FL 32810		

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: JAMES E. SLATER

SECRETARY

04/03/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date