

2015 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M13000004542

Entity Name: ZF MET 3, 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: 90-1005470

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

B&C CORPORATE SERVICES OF CENTRAL FL INC
390 NORTH ORANGE AVENUE, STE. 1400
ORLANDO, FL 32801 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
Name ZF DEVELOPMENT II, LLC
Address 2001 SUMMIT PARK DRIVE, SUITE 300
City-State-Zip: ORLANDO FL 32810

Title PRESIDENT
Name WEST, GREG T
Address 2001 SUMMIT PARK DRIVE, SUITE 300
City-State-Zip: ORLANDO FL 32810

Title EVP
Name STEPHENS, SAMUEL C III
Address 2001 SUMMIT PARK DRIVE, SUITE 300
City-State-Zip: ORLANDO FL 32810

Title EVP, CFO, TREASURER
Name WARNER, BRIAN J
Address 2001 SUMMIT PARK DRIVE, SUITE 300
City-State-Zip: ORLANDO FL 32810

Title SVP
Name HATCHER, GRAHAM D
Address 2001 SUMMIT PARK DRIVE, SUITE 300
City-State-Zip: ORLANDO FL 32810

Title VP
Name CLAYTON, KYLE R
Address 2001 SUMMIT PARK DRIVE, SUITE 300
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: SAMUEL C. STEPHENS, III

EVP

07/01/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date