2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000006600

Entity Name: LSREF2 COBALT (FL), LLC

Current Principal Place of Business:

2711 N. HASKELL AVENUE **SUITE 1700**

DALLAS, TX 75204-2921

Current Mailing Address:

2711 N. HASKELL AVENUE **SUITE 1700**

DALLAS, TX 75204-2921 US

FEI Number: 46-3934814 Certificate of Status Desired: No

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

FILED Feb 28, 2017

Secretary of State

CC4308306192

Authorized Person(s) Detail:

SUITE 1700

Title **PRESIDENT** Title SOLE MEMBER

Name LIPSHY, MARC L Name LSREF2 COBALT, LLC

2711 N. HASKELL AVENUE Address Address 2711 N. HASKELL AVENUE

SUITE 1700

DALLAS TX 75204-2921 City-State-Zip: DALLAS TX 75204-2921 City-State-Zip:

Title VP, ASST. SECRETARY Title VP, ASST. SECRETARY

SIMS, LAURA P KNAKE, MONICA Name Name

2711 N. HASKELL AVENUE 2711 N. HASKELL AVENUE Address Address

> **SUITE 1700 SUITE 1700**

City-State-Zip: DALLAS TX 75204-2921 City-State-Zip: DALLAS TX 75204-2921

Title VP, SECRETARY Title ٧P

Name TREJO, SUMMER Name KIKER, SUSAN

2711 N. HASKELL AVENUE 2711 N. HASKELL AVENUE Address Address

> **SUITE 1700 SUITE 1700**

City-State-Zip: DALLAS TX 75204-2921 City-State-Zip: DALLAS TX 75204-2921

Title Title

Name SCHUCK, MARK Name SHEARER, STEVEN R

2711 N. HASKELL AVENUE 2711 N. HASKELL AVENUE Address Address

SUITE 1700 SUITE 1700

DALLAS TX 75204-2921 City-State-Zip: DALLAS TX 75204-2921 City-State-Zip:

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: TERESA E. DESIMONE

AUTHORIZED PERSON

02/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date