

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000007853

Entity Name: CAPITAL RESORTS MANAGEMENT, LLC

Current Principal Place of Business:

150 2ND AVENUE NORTH
SUITE 450
ST PETERSBURG, FL 33701

Current Mailing Address:

150 2ND AVENUE NORTH
SUITE 450
ST PETERSBURG, FL 33701 US

FEI Number: 46-4102743

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

Authorized Person(s) Detail :

Title MANAGER
Name CR MANAGER LLC
Address 150 2ND AVENUE NORTH
 SUITE 450
City-State-Zip: ST PETERSBURG FL 33701

Title CEO
Name SHROFF, JASON
Address 150 2ND AVENUE NORTH
 SUITE 450
City-State-Zip: ST PETERSBURG FL 33701

Title CFO
Name WEBER, BILL
Address 150 2ND AVENUE NORTH
 SUITE 450
City-State-Zip: ST PETERSBURG FL 33701

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: DAVID R COPE

GENERAL COUNSEL

03/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date