#### 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. 01/09/2015 SIGNATURE: JON KLINE MANAGER

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# M1400002352

# Entity Name: WHICH TREASURE ISLAND LESSEE PARENT, LLC

# **Current Principal Place of Business:**

500 NEWPORT CENTER DR, SUITE 800 NEWPORT BEACH. CA 92660

## **Current Mailing Address:**

500 NEWPORT CENTER DR, SUITE 800 NEWPORT BEACH. CA 92660

## FEI Number: 46-5090302

## Name and Address of Current Registered Agent:

SMITH, CLYDE 10650 GULF BLVD TREASURE ISLAND, FL 33706 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

# Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	KLINE, JON	Name	ROSENBAUM, DAVID
Address	500 NEWPORT CENTER DR, SUITE	Address	191 N WACKER DR, SUITE 1500
City-State-Zip:	800 NEWPORT BEACH CA 92660	City-State-Zip:	CHICAGO IL 60606
	NOD		
Title	MGR		
Title Name	MGR HANANEL, ANDREW		

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Jan 09, 2015 Secretary of State CC7559154374

Certificate of Status Desired: No

Date

Date