

2018 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

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FILED
Jan 24, 2018
Secretary of State
CC5021778343

Entity Name: THOMAS RANCH LAND PARTNERS GP, LLC

Current Principal Place of Business:

4901 VINELAND ROAD
SUITE 450
ORLANDO, FL 32811

Current Mailing Address:

4901 VINELAND ROAD
SUITE 450
ORLANDO, FL 32811 US

FEI Number: NOT APPLICABLE

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 MANAGER
Name THOMAS RANCH MANAGER, LLC
Address 4901 VINELAND ROAD
 SUITE 450
City-State-Zip: ORLANDO FL 32811

Title PRESIDENT
Name LEIFERMAN, JAMES
Address 4901 VINELAND ROAD
 SUITE 450
City-State-Zip: ORLANDO FL 32811

Title SECRETARY
Name HARRIS IV, ROBERT A.
Address 5335 WISCONSIN AVENUE, N.W.
 SUITE 440
City-State-Zip: WASHINGTON DC 20015

Title VP
Name CANDES, LESLIE
Address 4901 VINELAND ROAD
 SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP
Name KOON, DAVID
Address 4901 VINELAND ROAD
 SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP
Name ERHARDT, PAUL JOSEPH
Address 4901 VINELAND ROAD
 SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP
Name BLACK, MARTIN
Address 4901 VINELAND ROAD
 SUITE 450
City-State-Zip: ORLANDO FL 32811

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: ROBERT A. HARRIS IV

SECRETARY

01/24/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date