

**2017 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M14000003316

**Entity Name:** BALDWIN HARBOR GP, LLC

**Current Principal Place of Business:**

2001 SUMMIT PARK DR, SUITE 300  
ORLANDO, FL 32810

**Current Mailing Address:**

2001 SUMMIT PARK DR, SUITE 300  
ORLANDO, FL 32810

**FEI Number:** 30-0828463

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** JENNIFER BRENDLE

07/21/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEMBER & MANAGER  
Name ZF DEVELOPMENT II, LLC  
Address 2001 SUMMIT PARK DR, SUITE 300  
City-State-Zip: ORLANDO FL 32810

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

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

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

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

Title VP  
Name CLAYTON, KYLE R.  
Address 2001 SUMMIT PARK DR, 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

EXECUTIVE VICE  
PRESIDENT

07/21/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date