2016 FOR	REIGN LIMITED	LIABILITY CO	OMPANY ANI	<b>NUAL REPORT</b>

DOCUMENT# M14000007248

Entity Name: KE BAY PINES OP3, LLC

#### Current Principal Place of Business:

4500 PGA BLVD, SUITE 400 PALM BEACH GARDENS, FL 33418

#### **Current Mailing Address:**

4500 PGA BLVD, SUITE 400 PALM BEACH GARDENS, FL 33418

# FEI Number: 37-1766783

# Name and Address of Current Registered Agent:

SPEER, GEORGE 4500 PGA BLVD, SUITE 400 PALM BEACH GARDENS, FL 33418 US FILED Apr 20, 2016 Secretary of State CC2159944218

Certificate of Status Desired: No

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 :

Authonizeu			
Title	MBR	Title	CEO
	KITSON & PARTNERS COMMERCIAL,	Name	KITSON, SYDNEY W
	LLC 4500 PGA BLVD, SUITE 400	Address	4500 PGA BLVD, SUITE 400
		City-State-Zip:	PALM BEACH GARDENS FL 33418
City-State-Zip:	PALM BEACH GARDENS FL 33418		
Title	PRESIDENT, COO	Title	SECRETARY AND TREASURER
	,	Name	SPEER, GEORGE G
Name	IOBAN, THOMAS M	Address	4500 PGA BLVD, SUITE 400
Address	4500 PGA BLVD, SUITE 400	City-State-Zip:	PALM BEACH GARDENS FL 33418
City-State-Zip:	PALM BEACH GARDENS FL 33418		
		Title	VP
Title	ASST. SECRETARY	Name	GEIGER, GLENN C.
Name	WOODS, ERICA S	Address	4500 PGA BLVD, SUITE 400
Address	4500 PGA BLVD, SUITE 400		
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33418
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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: SYDNEY W. KITSON

CHIEF EXECUTIVE OFFICER 04/20/2016

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date