2016 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jun 27, 2016
Secretary of State
CC8957407735

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Entity Name: Z CAPITAL FLORIDA RESORT, LLC

Current Principal Place of Business:

150 NORTH FIELD DRIVE, SUITE 300
LAKE FOREST, IL 60045

Current Mailing Address:

150 NORTH FIELD DRIVE, SUITE 300
LAKE FOREST, IL 60045 US

FEI Number: 38-3945371

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	WICKY, THOMAS P.
Address	150 NORTH FIELD DRIVE, SUITE 300
City-State-Zip:	LAKE FOREST IL 60045

Title	MANAGER
Name	KANE, MATTHEW
Address	150 NORTH FIELD DRIVE, SUITE 300
City-State-Zip:	LAKE FOREST IL 60045

Title	MANAGER
Name	SILVERMAN, ELIAS GABRIEL
Address	150 NORTH FIELD DRIVE, SUITE 300
City-State-Zip:	LAKE FOREST IL 60045

Title	MANAGER
Name	SCRIVENS, ANDREI
Address	150 NORTH FIELD DRIVE, SUITE 300
City-State-Zip:	LAKE FOREST IL 60045

Title	MANAGER
Name	ZENNI, JAMES
Address	150 NORTH FIELD DRIVE, SUITE 300
City-State-Zip:	LAKE FOREST IL 60045

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: MATTHEW KANE MANAGER 06/27/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date