

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1500000693

Entity Name: ISLAND HOSPITALITY MANAGEMENT V LLC

Current Principal Place of Business:

222 LAKEVIEW AVENUE, SUITE 200
WEST PALM BEACH, FL 33401

Current Mailing Address:

222 LAKEVIEW AVENUE, SUITE 200
WEST PALM BEACH, FL 33401 US

FEI Number: 35-2516724

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 SR. VP
Name BACHMAN, BARBARA
Address 222 LAKEVIEW AVENUE, SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

Title EXEC. VP
Name POLLAK, ROGER
Address 222 LAKEVIEW AVENUE, SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

Title SR. VP
Name COHEN, PHILIP
Address 222 LAKEVIEW AVENUE, SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

Title EXEC. VP
Name WALDT, JEFFREY
Address 222 LAKEVIEW AVENUE, SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

Title MEMBER
Name ISLAND HOSPITALITY MANAGEMENT LLC
Address 222 LAKEVIEW AVENUE, SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

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: JENNIFER SAWYER

AUTHORIZED PERSON

04/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date