

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1500002553

**Entity Name:** COLFIN MF5 FUNDING, LLC

**Current Principal Place of Business:**

515 SOUTH FLOWER STREET  
44TH FLOOR  
LOS ANGELES, CA 90071

**Current Mailing Address:**

515 SOUTH FLOWER STREET  
44TH FLOOR  
LOS ANGELES, CA 90071 US

**FEI Number:** 90-0793178

**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 MGRM  
Name COLONY DISTRESSED CREDIT FUND II, L.P.  
Address 515 SOUTH FLOWER STREET  
44TH FLOOR  
City-State-Zip: LOS ANGELES CA 90071

Title MGRM  
Name CFI RE MASTERCO, LLC  
Address 515 SOUTH FLOWER STREET  
44TH FLOOR  
City-State-Zip: LOS ANGELES CA 90071

Title MGRM  
Name COLCO CONSOLIDATION COMPANY, LLC  
Address 515 SOUTH FLOWER STREET  
44TH FLOOR  
City-State-Zip: LOS ANGELES CA 90071

Title MGRM  
Name COIHM CONSOLIDATION COMPANY, LLC  
Address 515 SOUTH FLOWER STREET  
44TH FLOOR  
City-State-Zip: LOS ANGELES CA 90071

Title MGRM  
Name COLONY MFS CO-INVESTMENT PARTNERS, L.P.  
Address 515 SOUTH FLOWER STREET  
44TH FLOOR  
City-State-Zip: LOS ANGELES CA 90071

*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:** MARK M. HEDSTROM

VP

02/15/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date