

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000007692

Entity Name: ALL ABOARD FLORIDA OPERATIONS MANAGEMENT LLC**Current Principal Place of Business:**161 NW 6TH STREET
SUITE 900
MIAMI, FL 33136**Current Mailing Address:**161 NW 6TH STREET
SUITE 900
MIAMI, FL 33136 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TOBIN, MYLES L.
161 NW 6TH STREET
SUITE 900
MIAMI, FL 33136 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:** MYLES L. TOBIN

01/08/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title VP
Name REININGER, P.MICHAEL
Address 2855 LE JEUNE ROAD 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title VP, T, ASST. SECRETARY
Name GODOY, JUAN (RUSTY)
Address 2855 LE JEUNE ROAD 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name SNYDER, MARSHALL BRUCE
Address 2855 LE JEUNE ROAD 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title VP,S
Name COBB, KOLLEEN
Address 2855 LE JEUNE ROAD 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title VP, CFO
Name ENDERBY, HEATHER
Address 161 NW 6TH STREET
SUITE 900
City-State-Zip: MIAMI FL 33136

Title PRESIDENT, COO
Name GODDARD, PATRICK
Address 161 NW 6TH STREET
SUITE 900
City-State-Zip: MIAMI FL 33136

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: KOLLEEN O.P. COBB

VICE PRESIDENT

01/08/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date