

2017 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M15000008439

Entity Name: 701-703 WATERFORD GENERAL PARTNER LLC

FILED
Sep 22, 2017
Secretary of State
CC8547581350

Current Principal Place of Business:

730 THIRD AVE.
MS:730/12/02
NEW YORK, NY 10017

Current Mailing Address:

730 THIRD AVE.
MS:730/12/02
NEW YORK, NY 10017 US

FEI Number: 47-5405436

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 MBR
Name WATERFORD BLUE LAGOON REIT LP
Address 730 THIRD AVE.
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name ACOSTA, JANET
Address 730 THIRD AVE.
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name BRESLAV, GALINA
Address 730 THIRD AVE.
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name CASIMIR, GERALD
Address 730 THIRD AVE.
City-State-Zip: NEW YORK NY 10017

Title ASST. SECRETARY, AUTHORIZED REPRESENTATIVE
Name PIERRE-MERRITT, MARJORIE
Address 730 THIRD AVE.
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name BAIR, SHARON E.
Address 730 THIRD AVE.
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name CANTU, NICOLE
Address 730 THIRD AVE.
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name CIFELLI, NICHOLAS
Address 730 THIRD AVE.
City-State-Zip: NEW YORK NY 10017

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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: MARJORIE PIERRE-MERRITT

ASST. SECRETARY

09/22/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED REPRESENTATIVE
Name COHEN, DONNA
Address 730 THIRD AVE.
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name FISK, MICHAEL
Address 730 THIRD AVE.
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Title AUTHORIZED REPRESENTATIVE
Name HANCOCK, ALEXANDER
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Title AUTHORIZED REPRESENTATIVE
Name JENKINS, JAMIN
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Title AUTHORIZED REPRESENTATIVE
Name MARTIN, MANUEL
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Title AUTHORIZED REPRESENTATIVE
Name MCGIBBON, G. CHRISTOPHER
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Title AUTHORIZED REPRESENTATIVE
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Name SIMPKINS, BRAD
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Name STEFFENS, GABRIEL
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Title AUTHORIZED REPRESENTATIVE
Name SMITH, ABIGAIL
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City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name WEINDLING, FRANCESCA
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City-State-Zip: NEW YORK NY 10017