2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000003044

Entity Name: ISLAND HOSPITALITY MANAGEMENT VILLC

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: 36-4806228 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

FILED Jun 26, 2020

Secretary of State

1126268175CC

Authorized Person(s) Detail :

Title SR. VP Title EXEC. VP

Name BACKMAN, BARBARA Name POLLAK, ROGER

222 LAKEVIEW AVENUE #200 Address Address 222 LAKEVIEW AVENUE #200 City-State-Zip: WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 City-State-Zip:

Title AUTHORIZED MEMBER Title SR VP

Name ISLAND HOSPITALITY MANAGEMENT Name COHEN, PHILIP

HC

Address 222 LAKEVIEW AVENUE #200 Address 222 LAKEVIEW AVENUE, SUITE 200

WEST PALM BEACH FL 33401 City-State-Zip: City-State-Zip: WEST PALM BEACH FL 33401

Title EXEC. VICE PRESIDENT Name FORDE, GREGG D

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: BARBARA BACHMAN

Electronic Signature of Signing Authorized Person(s) Detail

SR. VICE PRESIDENT

06/26/2020