

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000008598

**Entity Name:** S W FL1B, LLC

**Current Principal Place of Business:**

4500 PGA BLVD, STE 400  
PALM BCH GARDENS, FL 33418

**Current Mailing Address:**

4500 PGA BLVD, STE 400  
PALM BCH GARDENS, FL 33418 US

**FEI Number:** 41-2243043

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPEER, GEORGE G  
4500 PGA BLVD, STE 400  
PALM BCH GARDENS, FL 33418 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:** GEORGE G SPEER

02/11/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name KE BABCOCK HOLDINGS, LLC  
Address 4500 PGA BLVD, STE 400  
City-State-Zip: PALM BCH GARDENS FL 33418

Title CHAIRMAN / CEO  
Name KITSON, SYDNEY W  
Address 4500 PGA BLVD, STE 400  
City-State-Zip: PALM BCH GARDENS FL 33418

Title PRESIDENT  
Name SEVERANCE, RICHARD P  
Address 4500 PGA BLVD, STE 400  
City-State-Zip: PALM BCH GARDENS FL 33418

Title VP  
Name HOBAN, THOMAS M  
Address 4500 PGA BLVD, STE 400  
City-State-Zip: PALM BCH GARDENS FL 33418

Title SECRETARY / TREASURER  
Name SPEER, GEORGE G  
Address 4500 PGA BLVD, STE 400  
City-State-Zip: PALM BCH GARDENS FL 33418

Title ASST. SECRETARY  
Name WOODS, ERICA S  
Address 4500 PGA BLVD, STE 400  
City-State-Zip: PALM BCH GARDENS FL 33418

*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:** GEORGE SPEER

**REGISTERED AGENT**

02/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date