

**2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M17000010229

**Entity Name:** SPT DOLPHIN POINTE VISTA II LLC

**Current Principal Place of Business:**

591 WEST PUTNAM AVENUE  
GREENWICH, CT 06830

**Current Mailing Address:**

2340 COLLINS AVENUE, SUITE 700  
MIAMI BEACH, FL 33139 US

**FEI Number:** 82-4557992

**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

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            DIMODICA, JEFFREY  
Address        2340 COLLINS AVENUE, SUITE 700  
City-State-Zip: MIAMI BEACH FL 33139

Title            AUTHORIZED MEMBER  
Name            SPT DOLPHIN HOLDINGS LLC  
Address        591 WEST PUTNAM AVENUE  
City-State-Zip: GREENWICH CT 06830

Title            OTHER, VP  
Name            BENNETT, HEATHER  
Address        2340 COLLINS AVENUE, SUITE 700  
City-State-Zip: MIAMI BEACH FL 33139

Title            CFO, VP  
Name            PANIRY, RINA  
Address        2340 COLLINS AVENUE, SUITE 700  
City-State-Zip: MIAMI BEACH FL 33139

Title            VP, TREASURER  
Name            KALLAHER, VINCENT  
Address        2340 COLLINS AVENUE, SUITE 700  
City-State-Zip: MIAMI BEACH FL 33139

Title            VP  
Name            CARPENTER, CARY  
Address        2340 COLLINS AVENUE, SUITE 700  
City-State-Zip: MIAMI BEACH FL 33139

Title            VP  
Name            CAGLEY, MARK  
Address        2340 COLLINS AVENUE, SUITE 700  
City-State-Zip: MIAMI BEACH FL 33139

Title            VP  
Name            RAPPAPORT, MICHAEL  
Address        2340 COLLINS AVENUE, SUITE 700  
City-State-Zip: MIAMI BEACH FL 33139

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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:** HEATHER BENNETT

**EXECUTIVE VICE  
PRESIDENT**

**07/18/2023**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title VP  
Name MALUF, FARID  
Address 2340 COLLINS AVENUE, SUITE 700  
City-State-Zip: MIAMI BEACH FL 33139

Title VP  
Name ALLARDYCE, AARON  
Address 2340 COLLINS AVENUE, SUITE 700  
City-State-Zip: MIAMI BEACH FL 33139

Title VP  
Name MORETON, KRISTEN  
Address 2340 COLLINS AVENUE, SUITE 700  
City-State-Zip: MIAMI BEACH FL 33139

Title VP  
Name ROTHENBERG, JOSEPH  
Address 2340 COLLINS AVENUE, SUITE 700  
City-State-Zip: MIAMI BEACH FL 33139

Title VP  
Name LONG, LAURIE  
Address 2340 COLLINS AVENUE, SUITE 700  
City-State-Zip: MIAMI BEACH FL 33139