

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000014887

Entity Name: CRE-KL ANTILLIA OWNER, LLC**Current Principal Place of Business:**105 NE 1ST STREET
DELRAY BCH, FL 33444**Current Mailing Address:**105 NE 1ST STREET
DELRAY BCH, FL 33444 US**FEI Number:** 87-3313619**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 P
Name JULIEN, ROBERT L
Address 105 NE 1ST STREET
City-State-Zip: DELRAY BCH FL 33444

Title VP
Name ERBSTEIN, HOWARD
Address 105 NE 1ST STREET
City-State-Zip: DELRAY BCH FL 33444

Title VP
Name WAGNER, THOMAS E
Address 105 NE 1ST STREET
City-State-Zip: DELRAY BCH FL 33444

Title VP
Name SCIACCA, JOSEPH P
Address 105 NE 1ST STREET
City-State-Zip: DELRAY BCH FL 33444

Title VP
Name SUDAN, DEREK N
Address 105 NE 1ST STREET
City-State-Zip: DELRAY BCH FL 33444

Title M
Name CRE-KL RESI HOLDCO, LLC
Address 105 NE 1ST STREET
City-State-Zip: DELRAY BCH FL 33444

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: WILLIAM JOHNSON**MANAGER****04/13/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date