

**2023 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

01/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date