## 2014 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B12000000077

Entity Name: MW TROPIC CAY, LP

**Current Principal Place of Business:** 

401 E. LAS OLAS BLVD., SUITE # 130-324 FORT LAUDERDALE. FL 33301

## **Current Mailing Address:**

401 E. LAS OLAS BLVD., SUITE # 130-324 FORT LAUDERDALE, FL 33301

**FEI Number: APPLIED FOR** Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

THOMAS G. SHERMAN, P.A. 90 ALMERIA AVE. CORAL GABLES, FL 33134 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** Apr 08, 2014

**Secretary of State** 

CC6659321580

## **General Partner Detail:**

M12000002144 Document # Name TROPIC CAY, LLC

Address 401 E. LAS OLAS BLVD., SUITE # 130-

SIGNATURE: DEV MOTWANI

City-State-Zip: FORT LAUDERDALE FL 33301

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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing General Partner Detail

**MANAGER** 

04/08/2014

Date