

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000022952

FILED
Apr 30, 2009
Secretary of State

Entity Name: HTG VERANDA SENIOR GP, LLC

Current Principal Place of Business:

3250 MARY STREET
500
COCONUT GROVE, FL 33133 US

Current Mailing Address:

3250 MARY STREET
500
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

3250 MARY STREET
SUITE 500
COCONUT GROVE, FL 33133 US

New Mailing Address:

3250 MARY STREET
SUITE 500
COCONUT GROVE, FL 33133 US

FEI Number: 26-2094461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEW RIEGER, ESQ.
3250 MARY STREET
500
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

MATTHEW RIEGER, ESQ.
3250 MARY STREET
SUITE 500
COCONUT GROVE, FL 33133 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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RIEGER, RANDY
Address: 3250 MARY STREET, SUITE 500
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: MGR () Delete
Name: MASSIRMAN, JAY
Address: 444 BRICKELL AVENUE, SUITE 340
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: RANDY RIEGER

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date