

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107263

Entity Name: THE IVY 1806, L.L.C.

FILED
Mar 20, 2012
Secretary of State

Current Principal Place of Business:

1200 BRICKELL AVENUE
SUITE 505
MIAMI, FL 33131 US

New Principal Place of Business:

2525 PONCE DE LEON BLVD
SUITE 1040
CORAL GABLES, FL 33134 US

Current Mailing Address:

255 ALHAMBRA CIRCLE
SUITE 900
CORAL GABLES, FL 33134 US

New Mailing Address:

2525 PONCE DE LEON BLVD
SUITE 1040
CORAL GABLES, FL 33134 US

FEI Number: 27-2271439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BYINGTON, JAMIE J
255 ALHAMBRA CIRCLE
SUITE #900
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

BYINGTON, JAMIE J
2525 PONCE DE LEON BLVD
SUITE #1040
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:

03/20/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BARCELO DE PERNICONE, ANA MARIA
Address: 2525 PONCE DE LEON BLVD, SUITE # 1040
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM
Name: PERNICONE, JORGE IGNACIO
Address: 2525 PONCE DE LEON BLVD, SUITE # 1040
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM
Name: PERNICONE, JAVIER CARLOS
Address: 2525 PONCE DE LEON BLVD, SUITE # 1040
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM
Name: PERNICONE, MARIA A
Address: 2525 PONCE DE LEON BLVD, SUITE # 1040
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby 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: MARIA ALEJANDRA PERNICONE

MGRM

03/20/2012

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