

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000003236

**FILED**  
**Mar 31, 2012**  
**Secretary of State**

**Entity Name:** MSR RESORT SENIOR MEZZ GP, LLC

**Current Principal Place of Business:**

ONE POST OFFICE SQUARE  
SUITE 3100  
BOSTON, MA 02110

**New Principal Place of Business:**

ONE POST OFFICE SQUARE  
SUITE 3100  
BOSTON, MA 02110 US

**Current Mailing Address:**

ONE POST OFFICE SQUARE  
SUITE 3100  
BOSTON, MA 02110

**New Mailing Address:**

ONE POST OFFICE SQUARE  
SUITE 3100  
BOSTON, MA 02110 US

**FEI Number:** 27-0099969

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COOLEY, DANIEL  
121 SOUTH ORANGE AVE  
STE 1500  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BUZA, JOHN P MGRM  
Address: ONE POST OFFICE SQUARE, SUITE 3100  
City-St-Zip: BOSTON, MA 02110 US

Title: MGRM  
Name: FRANCO, MICHAEL J MGRM  
Address: ONE POST OFFICE SQUARE, SUITE 3100  
City-St-Zip: BOSTON, MA 02110 US

Title: MGRM  
Name: QUINN, MICHAEL T MGRM  
Address: ONE POST OFFICE SQUARE, SUITE 3100  
City-St-Zip: BOSTON, MA 02110 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: CRYSTAL MCKENZIE

POA

03/31/2012

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