

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000003692

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** 230 SOUTH SUNCOAST BOULEVARD LLC

**Current Principal Place of Business:**

C/O RANIERI & CO., INC.  
50 CHARLES LINDBERGH BLVD., SUITE 500  
UNIONDALE, NY 11553 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RANIERI & CO., INC.  
50 CHARLES LINDBERGH BLVD., SUITE 500  
UNIONDALE, NY 11553 US

**New Mailing Address:**

**FEI Number:** 37-1501466

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: P  
Name: RANIERI, LEWIS S  
Address: 50 CHARLES LINDBERGH BLVD., SUITE 500  
City-St-Zip: UNIONDALE, NY 11553 US

Title: VT  
Name: JAEGER, FRANCIS J  
Address: 50 CHARLES LINDBERGH BLVD., SUITE 500  
City-St-Zip: UNIONDALE, NY 11553 US

Title: MGRM  
Name: RANIERI, LEWIS S  
Address: 50 CHARLES LINDBERGH BLVD., SUITE 500  
City-St-Zip: UNIONDALE, NY 11553 US

Title: VS  
Name: STEELE, CHRISTOPHER J  
Address: 50 CHARLES LINDBERGH BLVD., SUITE 500  
City-St-Zip: UNIONDALE, NY 11553 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: LEWIS S. RANIERI

MGRM

04/26/2012

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