

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003759

Entity Name: BRECKENRIDGE I LLC

FILED
Mar 22, 2011
Secretary of State

Current Principal Place of Business:

1400 NW 107TH AVENUE, 5TH FL
DORAL, FL 33172

New Principal Place of Business:

1400 NW 107TH AVENUE
5TH FL
MIAMI, FL 33172

Current Mailing Address:

1400 NW 107TH AVENUE, 5TH FL
DORAL, FL 33172

New Mailing Address:

1400 NW 107TH AVENUE
5TH FL
MIAMI, FL 33172

FEI Number: 26-1365933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: BRECKENRIDGE I INVESTOR LLC
Address: 1400 NW 107TH AVENUE, 5TH FL
City-St-Zip: DORAL, FL 33172

Title: P
Name: ADLER, MICHAEL M
Address: 1400 NW 107TH AVENUE, 5TH FL
City-St-Zip: DORAL, FL 33172

Title: EVP
Name: ADLER, MATTHEW L
Address: 1400 NW 107TH AVENUE, 5TH FL
City-St-Zip: DORAL, FL 33172

Title: EVP
Name: HARRIS, BRETT W
Address: 1400 NW 107TH AVENUE, 5TH FL
City-St-Zip: DORAL, FL 33172

Title: VP
Name: SMITHER, ROBERT
Address: 1400 NW 107TH AVENUE, 5TH FL
City-St-Zip: DORAL, FL 33172

Title: S
Name: SMITHER, ROBERT M
Address: 1400 NW 107TH AVENUE, 5TH FL
City-St-Zip: MIAMI, FL 33172

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: ROBERT M. SMITHER

VP/T

03/22/2011

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