

**2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A13000000779

**Entity Name:** LRM FLORIDA, LLLP

**Current Principal Place of Business:**

9132 STRADA PLACE  
FOURTH FLOOR  
NAPLES, FL 34108

**Current Mailing Address:**

9132 STRADA PLACE  
FOURTH FLOOR  
NAPLES, FL 34108 US

**FEI Number:** 46-4492589

**Certificate of Status Desired:** No

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

SALVATORI WOOD BUCKEL CARMICHAEL & LOTTES  
9132 STRADA PLACE  
FOURTH FLOOR  
NAPLES, FL 34108 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**General Partner Detail :**

Document # P13000101331  
Name CFV FLORIDA, INC.  
Address 9132 STRADA PLACE, FOURTH  
FLOOR  
City-State-Zip: NAPLES FL 34108

*I hereby certify that the information indicated on this report or supplemental 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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLIFF GELBER

**PERSONAL REP**

**04/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date