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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 04/04/2016 SIGNATURE: JOHN MALLOY **CHAIRMAN**

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :				
Title	TR	Title	MGRM	
Name	OJALA, IKE	Name	MALLOY, JOHN	
Address	5690 N KENDALL DRIVE	Address	4870 SW 82 STREET	
City-State-Zip:	PINECREST FL 33156	City-State-Zip:	MIAMI FL 33143	
Title	SEC	Title	MGRM	
Name	CALLES, JOHN	Name	MUNROE, KRISTEN	
Address	5690 N KENDALL DRIVE	Address	5301 SW 84 ST.	
City-State-Zip:	CORAL GABLES FL 33156	City-State-Zip:	MIAMI FL 33143	
Title	MGRM			
Name	BALES, THOMAS			
Address	9151 ARVIDA LANE			

Name and Address of Current Registered Agent:

BRAWNER, PHILIP LESQ. 2655 LE JEUNE ROAD SUITE 302 CORAL GABLES, FL 33134 US

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034058

Entity Name: ST. THOMAS EPISCOPAL CHURCH ENDOWMENT FUND, L.L.C.

Current Principal Place of Business:

5690 S.W. 88 STREET CORAL GABLES, FL 33156

Current Mailing Address:

5690 S.W. 88 STREET CORAL GABLES. FL 33156

FEI Number: 59-0751930

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:

City

Electronic Signature of Registered Agent

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е	MGRM
me	BALES, THOMAS
dress	9151 ARVIDA LANE
y-State-Zip:	CORAL GABLES FL 33156

Certificate of Status Desired: Yes

FILED Apr 04, 2016 Secretary of State CC4471400828

Date

Date