

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032728

Entity Name: CIL OF MIAMI, LLC

Current Principal Place of Business:

6660 BISCAYNE BOULEVARD
MIAMI, FL 33138

Current Mailing Address:

6660 BISCAYNE BOULEVARD
MIAMI, FL 33138 US

FEI Number: 65-0379532

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GREENE, KELLY
6660 BISCAYNE BLVD.
MIAMI, FL 33138 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

Authorized Person(s) Detail :

Title BP
Name ROBERTS, ALVIN W
Address 1201 NW 16 STREET
City-State-Zip: MIAMI FL 33125

Title BVP
Name GOLDFARB, GREGG J.D.
Address 701 SW 27 AVE
901
City-State-Zip: MIAMI FL 33135

Title BS
Name PRUESSMAN, DONALD RM.A.
Address 1500 NW 12 AVE
City-State-Zip: MIAMI FL 33136

Title BT
Name WEISS, JAY M.B.A.
Address 10000 WEST BAY HARBOR DRIVE
City-State-Zip: BAY HARBOR ISLES FL 33154

Title BD
Name ALFANO, JOSE M.B.A.
Address 720 CORAL WAY, APT 2-B
City-State-Zip: CORAL GABLES FL 33134

Title BD
Name BOCHI, PATRICIA ES
Address 25 SE 2 AVE
1101
City-State-Zip: MIAMI FL 33131

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALVIN ROBERTS

EXEC DIREC

01/16/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date