

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000048283

**FILED**  
**Jan 27, 2016**  
**Secretary of State**  
**CC5963452781**

**Entity Name:** CAPITAL REAL ESTATE PARTNERS OF FLORIDA, LLC

**Current Principal Place of Business:**

2303 N STATE STREET  
BUNNELL, FL 32110

**Current Mailing Address:**

1 FLORIDA PARK DR, S, ATRIUM SUITE  
PALM COAST, FL 32137

**FEI Number: 13-4283093**

**Certificate of Status Desired: No**

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

KATZ, B. PAUL  
1 FLORIDA PARK DR, S, ATRIUM SUITE  
PALM COAST, FL 32137 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 MGR  
Name EAGLE, DENIS  
Address 19324 CEDAR GLEN DRIVE  
City-State-Zip: BOCA RATON FL 33434

Title MGR  
Name SIEGEL, DAVID  
Address 4 OLD ORCHARD LANE  
City-State-Zip: EAST HAMPTON NY 11937

Title MGR  
Name RUTKOWITZ, LEONARD  
Address 11 RIVERSIDE DRIVE  
APT 4 DE  
City-State-Zip: NEW YORK NY 10023

*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.*

**SIGNATURE: DENIS EAGLE**

**MANAGER**

**01/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date