

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077603

Entity Name: TRG II MEMBER, LLC**Current Principal Place of Business:**477 SOUTH ROSEMARY AVE.
SUITE 301
WEST PALM BEACH, FL 33401**Current Mailing Address:**477 SOUTH ROSEMARY AVE.
SUITE 301
WEST PALM BEACH, FL 33401**FEI Number:** 20-3327937**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH,LTD.,INC.
115 NORTH CALHOUN ST.
SUITE 4
TALLAHASSEE, FL 32301 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:** LUCY ROSE

03/14/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	P
Name	KRISTIN M. MILLER
Address	340 PEMBERWICK RD
City-State-Zip:	GREENWICH CT 06831
Title	EVP
Name	FABBRI, WILLIAM TEVP
Address	477 SOUTH ROSEMARY AVE., SUITE 301
City-State-Zip:	WEST PALM BEACH FL 33401
Title	T
Name	COLE, DOREEN
Address	340 PEMBERWICK ROAD
City-State-Zip:	GREENWICH CT 06831

Title	VP
Name	SALZMAN, DAVID AVP
Address	340 PEMBERWICK ROAD
City-State-Zip:	GREENWICH CT 06831
Title	S
Name	DODGE, GINA KS
Address	340 PEMBERWICK ROAD
City-State-Zip:	GREENWICH CT 06831
Title	AT
Name	ANDERES, SAMANTHA
Address	340 PEMBERWICK ROAD
City-State-Zip:	GREENWICH CT 06831

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: KRISTIN M. MILLER**PRESIDENT**

03/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date