

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000075562

**FILED  
Apr 15, 2016  
Secretary of State  
CC6703446926**

**Entity Name:** PARKVIEW GARDENS GP, LLC

**Current Principal Place of Business:**

1398 SW 1ST STREET  
12TH FLOOR  
MIAMI, FL 33135

**Current Mailing Address:**

1398 SW 1ST STREET  
12TH FLOOR  
MIAMI, FL 33135 US

**FEI Number:** 20-5308355

**Certificate of Status Desired:** Yes

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

BERMAN, STEPHANEE  
1398 SW 1ST STREET  
12TH FLOOR  
MIAMI, FL 33135 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 P  
Name BERMAN, STEPHANIE  
Address 1398 SW 1ST STREET, 12TH FLOOR  
City-State-Zip: MIAMI FL 33135

Title C  
Name FINE, CAROL  
Address 700 BRICKELL AVENUE  
City-State-Zip: MIAMI FL 33131

Title D  
Name DANNER, STEPHEN  
Address 1200 BRICKELL AVENUE, SUITE 700  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name CARRFOUR SUPPORTIVE HOUSING INC.  
Address 1398 SW 1ST STREET  
City-State-Zip: MIAMI FL 33135

*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:** STEPHANIE BERMAN

**PRESIDENT**

**04/15/2016**

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

\_\_\_\_\_  
Date