2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089191

Entity Name: SOUTH MIAMI 7300 PARTNERS, LLC

Current Principal Place of Business:

7300 SW 62ND PLACE, 3RD FLOOR

SOUTH MIAMI, FL 33134

Current Mailing Address:

7300 SW 62ND PLACE, 3RD FLOOR SOUTH MIAMI, FL 33134

FEI Number: 38-3741364 Certificate of Status Desired: No

FILED Jan 23, 2017

Secretary of State

CC5953500802

Date

Date

Name and Address of Current Registered Agent:

BUTLER, KATHRYN 7300 SW 62ND PLACE, 3RD FLOOR SOUTH MIAMI, FL 33134 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

Authorized Person(s) Detail :

Title MGRM Title MGRM

Name HIRSCH, NATHAN Name VIZOSO, JAVIER

Address 7300 SW 62ND PLACE, 3RD FLOOR Address 7300 SW 62ND PLACE, 3RD FLOOR

City-State-Zip: SOUTH MIAMI FL 33143 City-State-Zip: SOUTH MIAMI FL 33143

Title MGRM Title MGRM

Name GUINOT, RAPHAEL Name PAEZ, RENE

Address 7300 SW 62ND PLACE, 3RD FLOOR Address 7300 SW 62ND PLACE, 3RD FLOOR

City-State-Zip: SOUTH MIAMI FL 33143 City-State-Zip: SOUTH MIAMI FL 33143

Title MGRM Title MGRM

Name CHI, SUREEN Name HORST, THOMAS

Address 7300 SW 62ND PLACE, 3RD FLOOR Address 7300 SW 62ND PLACE, 3RD FLOOR

City-State-Zip: SOUTH MIAMI FL 33143 City-State-Zip: SOUTH MIAMI FL 33143

Title MGRM

Name MIRANDA, DAMARIS

Address 7300 SW 62ND PLACE, 3RD FLOOR

City-State-Zip: SOUTH MIAMI FL 33134

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: NATHAN HIRSCH OFFICER 01/23/2017

Electronic Signature of Signing Authorized Person(s) Detail