

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000132291

**Entity Name:** LLE-HPRV-M, LLC

**Current Principal Place of Business:**

300 FIFTH AVENUE SOUTH  
211  
NAPLES, FL 34102

**Current Mailing Address:**

300 FIFTH AVENUE SOUTH  
211  
NAPLES, FL 34102 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BOLICK, BARBARA J  
300 FIFTH AVENUE SOUTH  
211  
NAPLES, FL 34102 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 ELLENBERGER, EDITH K  
Address 300 PARK SHORE DRIVE  
UNIT 2D  
City-State-Zip: NAPLES FL 34103

*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:** EDITH ELLENBERGER

**OWNER**

**04/18/2014**

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

\_\_\_\_\_  
Date