

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000016572

**FILED**  
**Jan 29, 2016**  
**Secretary of State**  
**CC0528317013**

**Entity Name:** VINEYARD GP LLC

**Current Principal Place of Business:**

120 FORBES BOULEVARD  
SUITE 180  
MANSFIELD, MA 02048

**Current Mailing Address:**

120 FORBES BOULEVARD  
SUITE 180  
MANSFIELD, MA 02048 US

**FEI Number:** 27-4861849

**Certificate of Status Desired:** No

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

LOVELL, TERRY M  
2200 MUSEUM TOWER  
150 W. FLAGLER STREET  
MIAMI, FL 33130 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: MANAGER  
Name: THE GATEHOUSE GROUP, INC.  
Address: 120 FORBES BOULEVARD  
SUITE 180  
City-State-Zip: MANSFIELD MA 02048

Title: AUTHORIZED MEMBER  
Name: PLONSKIER, MARC S  
Address: 120 FORBES BOULEVARD  
SUITE 180  
City-State-Zip: MANSFIELD MA 02048

Title: AUTHORIZED MEMBER  
Name: CANEPARI, DAVID J  
Address: 120 FORBES BOULEVARD  
SUITE 180  
City-State-Zip: MANSFIELD MA 02048

Title: AUTHORIZED REPRESENTATIVE  
Name: YORKSHAITIS, ROGER  
Address: 120 FORBES BOULEVARD  
SUITE 180  
City-State-Zip: MANSFIELD MA 02048

Title: AUTHORIZED REPRESENTATIVE  
Name: LEONARDO, CHRISTOPHER  
Address: 120 FORBES BOULEVARD  
SUITE 180  
City-State-Zip: MANSFIELD MA 02048

Title: AUTHORIZED REPRESENTATIVE  
Name: INAMDAR, NIKUL A  
Address: 445 NW 4TH STREET  
SUITE 108  
City-State-Zip: MIAMI FL 33128-1701

Title: AUTHORIZED REPRESENTATIVE  
Name: HAMPTON, SARITA D  
Address: 120 FORBES BOULEVARD  
SUITE 180  
City-State-Zip: MANSFIELD MA 02048

Title: AUTHORIZED REPRESENTATIVE  
Name: LEO, JENNIFER S  
Address: 120 FORBES BOULEVARD  
SUITE 180  
City-State-Zip: MANSFIELD MA 02048

*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:** MARC S PLONSKIER

**AUTHORIZED MEMBER**

**01/29/2016**

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

\_\_\_\_\_  
Date