

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000062073

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC6408258861**

**Entity Name:** 45 STAR ISLAND LLC

**Current Principal Place of Business:**

201 SOUTH BISCAYNE BLVD, SUITE 1300 (AIT)  
MIAMI, FL 33131

**Current Mailing Address:**

201 SOUTH BISCAYNE BLVD, SUITE 1300 (AIT)  
MIAMI, FL 33131 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CORPORATION COMPANY OF MIAMI  
201 SOUTH BISCAYNE BLVD, SUITE 1500 (AIT)  
MIAMI, FL 33131 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 BLACK, ROY  
Address 201 SOUTH BISCAYNE BLVD, SUITE  
1300 (AIT)  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name BLACK, LEA  
Address 201 SOUTH BISCAYNE BLVD, SUITE  
1300 (AIT)  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name KORNSPAN, SCOTT  
Address 201 SOUTH BISCAYNE BLVD, SUITE  
1300 (AIT)  
City-State-Zip: MIAMI FL 33131

*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:** ROY BLACK

**MGR**

**01/12/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date