

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000010871

Entity Name: EB5 AFFILIATE NETWORK COMMONWEALTH OF MASSACHUSETTS REGIONAL CENTER LLC

FILED
Jan 21, 2015
Secretary of State
CC7667819437

Current Principal Place of Business:

3801 PGA BLVD
SUITE 902
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

3801 PGA BLVD
SUITE 902
PALM BEACH GARDENS, FL 33410

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVERMAN, THOMAS N
3801 PGA BLVD
SUITE 902
PALM BEACH GARDENS, FL 33410 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	Title	MGR
Name	SILVERMAN, SAMUEL B	Name	SCHOENFELD, MICHAEL
Address	142 COMMODORE DR	Address	6049 BRATTON PL
City-State-Zip:	JUPITER FL 33477	City-State-Zip:	CHARLOTTE NC 28277

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: SAMUEL SILVERMAN

MANAGER

01/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date