

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000048407

**Entity Name:** HPT ECLIPSE WEST GP, LLC

**Current Principal Place of Business:**

1501 VENERA AVE  
SUITE 300  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1501 VENERA AVE  
SUITE 300  
CORAL GABLES, FL 33146 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

ROBINSON, RAYMOND L ESQ  
ROBINSONLAW, P.A.  
1501 VENERA AVE STE 300  
CORAL GABLES, FL 33146 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            MBR  
Name            HOUSING PRESERVATION TRUST,  
                  INC.  
Address        4020 PHILMONT DRIVE  
City-State-Zip: MARIETTA GA 30066

*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:** STAR STOREY

**DIRECTOR**

**03/23/2016**

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

\_\_\_\_\_  
Date