

2019 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

04/18/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date