

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000163367

**FILED**  
**Jan 30, 2016**  
**Secretary of State**  
**CC1135896472**

**Entity Name:** ALBERGO RESIDENTIAL REAL ESTATE, LLC

**Current Principal Place of Business:**

4132 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685

**Current Mailing Address:**

4132 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685

**FEI Number:** 47-2894938

**Certificate of Status Desired:** No

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

ALBERGO, ROBERT P M.D.  
4132 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 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 ALBERGO, ROBERT P M.D.  
Address 4132 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title AMBR  
Name ALBERGO, ROBERT P M.D.  
Address 4132 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title AMBR  
Name ROBERT P ALBERGO,MD,  
CUSTODIAN FOR ALLYSON  
Address 4132 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

*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:** ROBERT ALBERGO

M.D.

01/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date