

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000032258

Entity Name: AOFF III MANAGER LLC

Current Principal Place of Business:

601 BRICKELL KEY DRIVE
STE 901
MIAMI, FL 33131

Current Mailing Address:

315 POST ROAD WEST
STE 200
WESTPORT, CT 06880

FEI Number: 36-4826282

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LCR CAPITAL PARTNERS LLC
601 BRICKELL KEY DRIVE
STE 901
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 HAGGENMILLER, JOSEPH
Address 315 POST ROAD WEST - SUITE 200
City-State-Zip: WESTPORT CT 06880

Title MGR
Name SCHWEITZER, SCOTT
Address 315 POST ROAD WEST - SUITE 200
City-State-Zip: WESTPORT CT 06880

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: SCOTT SCHWEITZER

MGR

03/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date