

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000183050

Entity Name: BBX ALTMAN OPERATING ENTITIES, LLC**Current Principal Place of Business:**401 E LAS OLAS BLVD STE 800
FORT LAUDERDALE, FL 33301**Current Mailing Address:**PO BOX 39000
FORT LAUDERDALE, FL 39000-9000 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEARNS WEAVER MILLER WEISSLER ALHADEFF &
150 W FLAGLER ST STE 2200
MIAMI, FL 33130 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	LEVAN, ALAN B
Address	PO BOX 39000
City-State-Zip:	FORT LAUDERDALE FL 39000-9000

Title	MGR, EVP
Name	ABDO, JOHN E
Address	PO BOX 39000
City-State-Zip:	FORT LAUDERDALE FL 39000-9000

Title	MGR, PRESIDENT
Name	WISE, SETH M
Address	PO BOX 39000
City-State-Zip:	FORT LAUDERDALE FL 39000-9000

Title	MGR, EVP, TREASURER
Name	SHEPPARD, BRETT
Address	PO BOX 39000
City-State-Zip:	FORT LAUDERDALE FL 39000-9000

Title	VP
Name	MERAN, ANDREW
Address	PO BOX 39000
City-State-Zip:	FORT LAUDERDALE FL 39000-9000

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: BRETT SHEPPARD

EVP

04/01/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date