that my name appears above, or on an attachment with all other like empowered. SIGNATURE: ALAN H. GROSS

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail : Title MGR Title MGR GROSS, ALAN H Name Name REISS, ADAM J 3325 S UNIVERSITY DRIVE, SUITE 200 Address 3325 S UNIVERSITY DRIVE, SUITE 210 Address City-State-Zip: DAVIE FL 33328 City-State-Zip: DAVIE FL 33328

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

FEI Number: 83-3596734

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

FIRM COUNSEL, CHARTERED 3325 S UNIVERSITY DRIVE SUITE 210 DAVIE, FL 33328 US

Entity Name: 3400 ATLANTIC BRINY LLC

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

3325 S UNIVERSITY DRIVE SUITE 200 DAVIE, FL 33328

DOCUMENT# L19000037668

Current Mailing Address:

3325 S UNIVERSITY DRIVE SUITE 200 DAVIE, FL 33328 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:

02/11/2021

Certificate of Status Desired: No

Date

MANAGER