

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000370884

**Entity Name:** MORRIS AT BELMONT GP LLC

**Current Principal Place of Business:**

1111KANE CONCOURSE  
SUITE 302  
BAY HARBOUR ISLANDS, FL 33154

**Current Mailing Address:**

1111 KANE CONCOURSE  
SUITE 302  
BAY HARBOUR ISLANDS, FL 33154 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

KAPLAN RESIDENTIAL LLC  
1111 KANE CONCOURSE  
SUITE 302  
BAY HARBOUR ISLANDS, FL 33154 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 KAPLAN, MORRIS  
Address 1111 KANE CONCOURSE, SUITE 302  
City-State-Zip: BAY HARBOUR ISLANDS FL 33154

Title AP  
Name MARCUSHAMER, ISAAC  
Address 1111 KANE CONCOURSE, SUITE 302  
City-State-Zip: BAY HARBOUR ISLANDS FL 33154

Title AP  
Name WATSON, KEVIN  
Address 1111 KANE CONCOURSE, SUITE 302  
City-State-Zip: BAY HARBOUR ISLANDS FL 33154

*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:** MORRIS KAPLAN

**CEO**

**04/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date