

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000488277

**Entity Name:** MHP SEMINOLE I MANAGER, LLC**Current Principal Place of Business:**777 BRICKELL AVENUE, SUITE 1300  
MIAMI, FL 33131**Current Mailing Address:**777 BRICKELL AVENUE, SUITE 1300  
MIAMI, FL 33131 US**FEI Number:** 33-2930937**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHEAR, CHRISTOPHER  
777 BRICKELL AVENUE, SUITE 1300  
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	W. PATRICK MCDOWELL 2001 TRUST
Address	777 BRICKELL AVENUE, SUITE 1300
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	SHEAR HOLDINGS, LLC
Address	777 BRICKELL AVENUE, SUITE 1300
City-State-Zip:	MIAMI FL 33131

Title	CCEO
Name	MCDOWELL, W. PATRICK
Address	777 BRICKELL AVENUE, SUITE 1300
City-State-Zip:	MIAMI FL 33131

Title	P S
Name	LEE, KENNETH P
Address	157 COLUMBUS AVE, SUITE 527
City-State-Zip:	NEW YORK NY 10023

Title	COO
Name	SHEAR, CHRISTOPHER
Address	777 BRICKELL AVENUE, SUITE 1300
City-State-Zip:	MIAMI FL 33131

Title	CFO
Name	TINCHER, PATRICIA
Address	777 BRICKELL AVENUE, SUITE 1300
City-State-Zip:	MIAMI FL 33131

Title	AS
Name	DHADDA, MANPREET
Address	777 BRICKELL AVENUE, SUITE 1300
City-State-Zip:	MIAMI FL 33131

*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:** PATRICIA TINCHER

CFO

03/26/2025

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