

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000000949

**Entity Name:** LOEWS ST. PETE MANAGER LLC**Current Principal Place of Business:**667 MADISON AVENUE  
8TH FLOOR  
NEW YORK, NY 10065-8068**Current Mailing Address:**667 MADISON AVENUE  
8TH FLOOR  
NEW YORK, NY 10065-8068 US**FEI Number:** 81-0604881**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MEMBER  
Name LOEWS ST. PETE HOTEL CORP.  
Address 667 MADISON AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10065-8087

Title CEO, COB  
Name TISCH, JONATHAN M.  
Address 667 MADISON AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10065-8068

Title CHIEF COMMERCIAL & BUSINESS  
DEVELOPMENT OFFICER  
Name TISCH, ALEXANDER H  
Address 667 MADISON AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10065-8068

Title COO  
Name COTTRILL, JOHN  
Address 667 MADISON AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10065-8068

Title CFO  
Name BRENNER, MATTHEW L  
Address 667 MADISON AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10065-8068

Title SVP, CBO  
Name DIMAS, CONSTANTINE  
Address 667 MADISON AVE.  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10065-8068

Title SVP, DESIGN AND CONSTRUCTION  
Name KRAVOLICH, WENDEL  
Address 667 MADISON AVE.  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10065-8068

Title SVP, CORPORATE CONTROLLER  
Name ZARIN, GLENN P  
Address 667 MADISON AVE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10065-8068

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*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:** THOMAS SMITH**ASSISTANT TREASURER** 04/22/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title VP  
Name BECKER, SUSAN  
Address 667 MADISON AVE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10065-8068

Title ASSISTANT TREASURER  
Name SMITH, THOMAS  
Address 667 MADISON AVE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10065-8068

Title SVP OF DESIGN AND CONSTRUCTION  
Name WOMACK SR., GARY  
Address 667 MADISON AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10065-8068

Title ASSISTANT TREASURER  
Name HOLDER, BRANDON  
Address 667 MADISON AVE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10065-8068

Title ASSISTANT SECRETARY  
Name MARAYNES, JACLYN  
Address 667 MADISON AVE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10065-8068