

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000001291

**Entity Name:** JEN FLORIDA II, LLC

**Current Principal Place of Business:**

8601 N SCOTTSDALE ROAD  
SUITE 225  
SCOTTSDALE, AZ 85253

**Current Mailing Address:**

8601 N SCOTTSDALE ROAD  
SUITE 225  
SCOTTSDALE, AZ 85253 US

**FEI Number:** 27-1964156

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           | PRESIDENT                                 |
| Name            | MULAC, JOSEPH CARL III                    |
| Address         | 8601 N SCOTTSDALE ROAD<br>SUITE 225       |
| City-State-Zip: | SCOTTSDALE AZ 85253                       |
| Title           | EXECUTIVE VICE PRESIDENT AND<br>SECRETARY |
| Name            | SHULLAW, S. GARY III                      |
| Address         | 8601 N SCOTTSDALE ROAD<br>SUITE 225       |
| City-State-Zip: | SCOTTSDALE AZ 85253                       |

|                 |                                           |
|-----------------|-------------------------------------------|
| Title           | EXECUTIVE VICE PRESIDENT AND<br>TREASURER |
| Name            | BURNETT, MICHAEL S                        |
| Address         | 8601 N SCOTTSDALE ROAD<br>SUITE 225       |
| City-State-Zip: | SCOTTSDALE AZ 85253                       |
| Title           | VP                                        |
| Name            | KONDERIK, MELISA BOROSS                   |
| Address         | 8601 N SCOTTSDALE ROAD<br>SUITE 225       |
| City-State-Zip: | SCOTTSDALE AZ 85253                       |

*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:** S. GARY SHULLAW

**EVP AND SECRETARY**

**04/30/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date