

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000004446

Entity Name: LUDLAM POINT MIAMI, LLC**Current Principal Place of Business:**4582 SOUTH ULSTER STREET PARKWAY
SUITE 1200
DENVER, CO 80237**Current Mailing Address:**4582 SOUTH ULSTER STREET PARKWAY
SUITE 1200
DENVER, CO 80237**FEI Number:** 32-0377481**Certificate of Status Desired:** Yes**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 MGR
Name SIMPSON, DONALD A
Address 4582 SOUTH ULSTER STREET
PARKWAY STE 1200
City-State-Zip: DENVER CO 80237

Title MGR
Name SIMPSON, LUKE C
Address 4582 SOUTH ULSTER STREET
PARKWAY STE 1200
City-State-Zip: DENVER CO 80237

Title MGR
Name SIMPSON, NICK A
Address 4582 SOUTH ULSTER STREET
PARKWAY STE 1200
City-State-Zip: DENVER CO 80237

Title MANAGER
Name SIMPSON, ROBERT W
Address 4582 SOUTH ULSTER STREET
PARKWAY
SUITE 1200
City-State-Zip: DENVER CO 80237

Title MANAGER
Name LUDLAM PEAK, INC.
Address 4582 SOUTH ULSTER STREET
PARKWAY
SUITE 1200
City-State-Zip: DENVER CO 80237

Title ACCOUNTING CLERK
Name BERQUIST, LOUISE W
Address 4582 SOUTH ULSTER STREET
PARKWAY
SUITE 1200
City-State-Zip: DENVER CO 80237

Title AUTHORIZED REPRESENTATIVE
Name BERQUIST, LOUISE W
Address 4582 SOUTH ULSTER STREET
PARKWAY
SUITE 1200
City-State-Zip: DENVER CO 80237

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: LOUISE W BERQUIST**AUTHORIZED
REPRESENTATIVE****04/03/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date