

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000006335

Entity Name: MORTGAGE FUND GP IIIC, LLC**Current Principal Place of Business:**4425 PONCE DE LEON BLVD, 5TH FLOOR
CORAL GABLES, FL 33146**Current Mailing Address:**4425 PONCE DE LEON BLVD, 5TH FLOOR
CORAL GABLES, FL 33146**FEI Number:** 80-0868398**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOMSTEIN, BRIAN E
4425 PONCE DE LEON BLVD, 5TH FLOOR
CORAL GABLES, FL 33146 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, PRESIDENT
Name ERTEL, DAVID
Address 4425 PONCE DE LEON BLVD, 5TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title SVPS
Name BOMSTEIN, BRIAN E
Address 4425 PONCE DE LEON BLVD, 5TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title SVP
Name O'BRIEN, RICHARD
Address 4425 PONCE DE LEON BLVD, 5TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title SVP
Name WILLIAMS, MARVIN
Address 4425 PONCE DE LEON BLVD, 5TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title SCFO
Name FISCHER, JOHN H
Address 4425 PONCE DE LEON BLVD, 5TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title SVP
Name EVENSON, BRETT S
Address 4425 PONCE DE LEON BLVD, 5TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title SVP
Name WALDMAN, STUART
Address 4425 PONCE DE LEON BLVD, 5TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title SVP
Name LOMINAC, EVE
Address 4425 PONCE DE LEON BLVD, 5TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Continues on page 2

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: BRIAN E. BOMSTEIN**SECRETARY****04/11/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title SVP
Name WAGOVICH, TAMMIE
Address 4425 PONCE DE LEON BLVD, 5TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title FIRST VP & CONTROLLER
Name GLASSMAN, MARK
Address 4425 PONCE DE LEON BLVD, 5TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title FIRST VP
Name BRIGGS, DAVID
Address 4425 PONCE DE LEON BLVD, 5TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title VP
Name BARRY, BRIAN
Address 4425 PONCE DE LEON BLVD, 5TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title SVPAS
Name CARR, THOMAS F
Address 4425 PONCE DE LEON BLVD, 5TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title FIRST VP
Name GUSS, MICHAEL B
Address 4425 PONCE DE LEON BLVD, 5TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title SVP & TREASURER
Name LIEBLICH, JAMES
Address 4425 PONCE DE LEON BLVD, 5TH FLOOR
City-State-Zip: CORAL GABLES FL 33146