

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000004449

**Entity Name:** SEABREEZE PLAZA LLC**Current Principal Place of Business:**7501 WISCONSIN AVE, STE. 1500E  
BETHESDA, MD 20814**Current Mailing Address:**7501 WISCONSIN AVE, STE. 1500E  
BETHESDA, MD 20814**FEI Number:** 52-1833076**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 MGR  
Name SAUL CENTERS, INC.  
Address 7501 WISCONSIN AVE, STE. 1500E  
City-State-Zip: BETHESDA MD 20814

Title VP, TREASURER, SECRETARY  
Name SCHNEIDER, SCOTT V.  
Address 7501 WISCONSIN AVENUE  
SUITE 1500 E  
City-State-Zip: BETHESDA MD 20814

Title VP  
Name NETTER, CHRISTOPHER H.  
Address 7501 WISCONSIN AVENUE  
SUITE 1500 E  
City-State-Zip: BETHESDA MD 20814

Title ASST. SECRETARY  
Name SUSTERSICH, MERLE F.  
Address 7501 WISCONSIN AVENUE  
SUITE 1500 E  
City-State-Zip: BETHESDA MD 20814

Title CEO  
Name SAUL II, B. FRANCIS  
Address 7501 WISCONSIN AVENUE  
SUITE 1500 E  
City-State-Zip: BETHESDA MD 20814

Title VP  
Name SHERREN, CHARLES W. JR.  
Address 7501 WISCONSIN AVENUE  
SUITE 1500 E  
City-State-Zip: BETHESDA MD 20814

Title PRESIDENT  
Name LANSDALE, J. PAGE  
Address 7501 WISCONSIN AVENUE  
SUITE 1500 E  
City-State-Zip: BETHESDA MD 20814

Title ASST. SECRETARY  
Name ANDERSON, KIMBERLEY J.  
Address 7501 WISCONSIN AVENUE  
SUITE 1500 E  
City-State-Zip: BETHESDA MD 20814

**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:** MERLE F. SUSTERSICH**ASSISTANT SECRETARY** 04/12/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

Title ASST. SECRETARY  
Name OLSHEFSKI, CECILIA  
Address 7501 WISCONSIN AVENUE  
SUITE 1500 E  
City-State-Zip: BETHESDA MD 20814

Title VP  
Name COLLICH, JOHN F  
Address 7501 WISCONSIN AVENUE  
SUITE 1500 E  
City-State-Zip: BETHESDA MD 20814

Title ASST. SECRETARY  
Name SPENCER, AMY E.  
Address 7501 WISCONSIN AVENUE  
SUITE 1500 E  
City-State-Zip: BETHESDA MD 20814

Title ASSISTANT SECRETARY  
Name JUSTUS, AUDRA  
Address 7501 WISCONSIN AVENUE  
SUITE 1500 E  
City-State-Zip: BETHESDA MD 20814