

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000005946

Entity Name: CWI SAWGRASS HOTEL, LLC**Current Principal Place of Business:**BROOKFIELD PLACE NEW YORK
250 VESEY STREET 15TH FLOOR
NEW YORK, NY 10281**Current Mailing Address:**BROOKFIELD PLACE NEW YORK
250 VESEY STREET 15TH FLOOR
NEW YORK, NY 10281 US**FEI Number:** 35-2512478**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 CWI SAWGRASS HOLDINGS, LLC
Address BROOKFIELD PLACE NEW YORK
250 VESEY STREET 15TH FLOOR
City-State-Zip: NEW YORK NY 10281

Title SECRETARY, VP
Name STRAUSS, LISA
Address BROOKFIELD PLACE NEW YORK
250 VESEY STREET 15TH FLOOR
City-State-Zip: NEW YORK NY 10281

Title PRESIDENT
Name LANCASTER, AMY
Address BROOKFIELD PLACE NEW YORK
250 VESEY STREET 15TH FLOOR
City-State-Zip: NEW YORK NY 10281

Title SENIOR VICE PRESIDENT
Name ZINSMASER, SAM
Address BROOKFIELD PLACE NEW YORK
250 VESEY STREET 15TH FLOOR
City-State-Zip: NEW YORK NY 10281

Title SENIOR VICE PRESIDENT
Name FISHER, PAUL
Address BROOKFIELD PLACE NEW YORK
250 VESEY STREET 15TH FLOOR
City-State-Zip: NEW YORK NY 10281

Title TREASURER
Name CASTLE, JOSH
Address BROOKFIELD PLACE NEW YORK
250 VESEY STREET 15TH FLOOR
City-State-Zip: NEW YORK NY 10281

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: LISA STRAUSS**SECRETARY****03/24/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date