

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000001261

**Entity Name:** AREP 222 CLEMATIS LLC

**Current Principal Place of Business:**

C/O ATLAS REAL ESTATE PARTNERS  
226 FIFTH AVENUE, 2ND FLOOR  
NEW YORK, NY 10001

**Current Mailing Address:**

C/O ATLAS REAL ESTATE PARTNERS  
226 FIFTH AVENUE, 2ND FLOOR  
NEW YORK, NY 10001

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

VCORP SERVICES, LLC  
5011 SOUTH STATE ROAD 7  
SUITE 106  
DAVIE, FL 33314 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 MBR  
Name FOSTER, ALEX  
Address 226 FIFTH AVENUE, 2ND FLOOR  
City-State-Zip: NEW YORK NY 10001

Title MBR  
Name CHARY, ARVIND  
Address 226 FIFTH AVENUE, 2ND FLOOR  
City-State-Zip: NEW YORK NY 10001

Title CONTROLLER  
Name SWEENEY, CHRIS  
Address 226 5TH AVENUE  
2ND FLOOR  
City-State-Zip: NEW YORK NY 10001

*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:** CHRIS SWEENEY

**CONTROLLER**

**03/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date