

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000004705

**Entity Name:** SERITAGE KMT FINANCE LLC

**Current Principal Place of Business:**

489 FIFTH AVENUE  
18TH FLOOR  
NEW YORK, NY 10017

**Current Mailing Address:**

489 FIFTH AVENUE  
18TH FLOOR  
NEW YORK, NY 10017 US

**FEI Number:** 47-3891884

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 M  
Name SERITAGE KMT MEZZANINE FINANCE LLC  
Address 489 FIFTH AVENUE 18TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title P  
Name SCHALL, BENJAMIN  
Address 489 FIFTH AVENUE, 18TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title VP  
Name DICKMAN, BRIAN  
Address 489 FIFTH AVENUE, 18TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title VP  
Name FERNAND, MATTHEW  
Address 489 FIFTH AVENUE, 18TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title VP  
Name ROTTNER, MARY R  
Address 489 FIFTH AVENUE, 18TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title VP  
Name BRY, JAMES  
Address 489 FIFTH AVENUE, 18TH FLOOR  
City-State-Zip: NEW YORK NY 10017

*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:** BARBARA IOANNIDIS

**LEASE ADMINISTRATOR** 05/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date