2019 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Sep 23, 2019
Secretary of State
0143648573CC

DOCUMENT# M16000000468

Entity Name: MATTAMY FLORIDA LLC

Current Principal Place of Business:

4901 VINELAND ROAD
SUITE 450
ORLANDO, FL 32811

Current Mailing Address:

4901 VINELAND ROAD
SUITE 450
ORLANDO, FL 32811 US

FEI Number: 32-0079520

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	Title	VP
Name	CALBEN (FLORIDA) CORPORATION	Name	CANDES, LESLIE
Address	4901 VINELAND ROAD SUITE 450	Address	4901 VINELAND ROAD SUITE 400
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811
Title	VP	Title	VP
Name	PAIGE, SCOTT	Name	NELSON, CLIFFORD L.
Address	4901 VINELAND ROAD SUITE 450	Address	4901 VINELAND ROAD SUITE 450
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811
Title	VP	Title	VP
Name	SESSIONS, JASON	Name	MANCHESTER, ELIZABETH
Address	4901 VINELAND ROAD SUITE 450	Address	4901 VINELAND ROAD SUITE 450
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811
Title	VP	Title	SECRETARY, VP, DIRECTOR
Name	BOLEN, CHARLES PHILIP	Name	HARRIS IV, ROBERT A.
Address	4901 VINELAND ROAD SUITE 450	Address	5335 WISCONSIN AVENUE, N.W. SUITE 440
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	WASHINGTON DC 20015

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: ROBERT A. HARRIS IV VICE PRESIDENT 09/23/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	ASSISTANT VICE PRESIDENT
Name	NIELSEN, LAUREL
Address	4901 VINELAND ROAD SUITE 450
City-State-Zip:	ORLANDO FL 32811

Title	ASSISTANT VICE PRESIDENT
Name	GONSALVES, SHAWN
Address	4901 VINELAND ROAD SUITE 450
City-State-Zip:	ORLANDO FL 32811

Title	VP
Name	BASELICE, DAVID
Address	4901 VINELAND ROAD SUITE 450
City-State-Zip:	ORLANDO FL 32811

Title	VP
Name	MORRISON, DIANE
Address	4901 VINELAND ROAD SUITE 450
City-State-Zip:	ORLANDO FL 32811

Title	ASSISTANT VP
Name	THOMAS, JASON
Address	4901 VINELAND ROAD SUITE 450
City-State-Zip:	ORLANDO FL 32811

Title	VP
Name	SMITH, MICHELE E
Address	4901 VINELAND ROAD SUITE 450
City-State-Zip:	ORLANDO FL 32811

Title	PRESIDENT
Name	SKELLY, PETER G
Address	4901 VINELAND ROAD SUITE 450
City-State-Zip:	ORLANDO FL 32811

Title	VP
Name	JINKS, TARA
Address	4901 VINELAND ROAD SUITE 450
City-State-Zip:	ORLANDO FL 32811

Title	VP
Name	MEYN, ROBERT
Address	4901 VINELAND ROAD SUITE 450
City-State-Zip:	ORLANDO FL 32811

Title	VP
Name	HULME, DAVID
Address	4901 VINELAND ROAD SUITE 450
City-State-Zip:	ORLANDO FL 32811

Title	VP
Name	SAVINI, TIMOTHY A.
Address	4901 VINELAND ROAD SUITE 450
City-State-Zip:	ORLANDO FL 32811

Title	VP
Name	TODD, HOUSTON E.
Address	4901 VINELAND ROAD SUITE 450
City-State-Zip:	ORLANDO FL 32811