

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046731

Entity Name: FLAGLER BOCA 54, LLC

Current Principal Place of Business:

2855 LEJEUNE ROAD, 4TH FLOOR
CORAL GABLES, FL 33134

Current Mailing Address:

2855 LEJEUNE ROAD, 4TH FLOOR
CORAL GABLES, FL 33134

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COBB, KOLLEEN
2855 LEJEUNE ROAD, 4TH FLOOR
CORAL GABLES, FL 33134 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 MMGR
Name FECI HOLDING CORP
Address 2855 LEJEUNE ROAD, 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title VPS
Name COBB, KOLLEEN
Address 2855 LEJEUNE ROAD, 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title VPT
Name GODOY, JUAN
Address 2855 LEJEUNE ROAD, 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title P
Name SIGNORELLO, VINCENT
Address 2855 LEJEUNE ROAD, 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name RODON, RAFAEL
Address 2855 LEJEUNE ROAD, 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name TICKELL, KEITH
Address 2855 LEJEUNE ROAD, 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KOLLEEN COBB

ATTORNEY IN FACT

04/17/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date