### 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122595

Entity Name: FEC TITUSVILLE-EDGEWATER, 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

### Name and Address of Current Registered Agent:

COBB, KOLLEEN O.P. 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.

International Construction of Registered Agent Date   Authorized Fuschos: Title MGRM Title VP, SECRETARY   Name FLAGLER DEVELOPMENT COMPANY, LCG Name COBB, KOLLEEN O.P.   Address 2855 LEJEUNE ROAD, 4TH FLOOR Address 2855 LEJEUNE ROAD, 4TH FLOOR   City-State-Zip CORAL GABLES FL 33134 CorAL GABLES FL 33134   Title VP, TREASURER, ASST. SECRETARY Name SIGNORELLO, VINCENT   Name GODOY, JUAN Address 2855 LEJEUNE ROAD, 4TH FLOOR   Address 2855 LEJEUNE ROAD, 4TH FLOOR Name SIGNORELLO, VINCENT   Name GODOY, JUAN Address 2855 LEJEUNE ROAD, 4TH FLOOR   Address 2855 LEJEUNE ROAD, 4TH FLOOR City-State-Zip CORAL GABLES FL 33134   Title VP SIGNORELLO, VINCENT City-State-Zip   Title VP Name BRADISH, MICHAEL   Name International Address 2855 LEJEUNE ROAD, 4TH FLOOR   Name International Address SIGNORELLO, VINCENT   Name International Address SIGNORELLO, VINCENT   Name International Address 2855 LEJEUNE ROAD,	SIGNATURE:	KOLLEEN O.P. COBB	-	(	04/25/2014		
TitleMGRMTitleVP, SECRETARYNameFLAGLER DEVELOPMENT COMPANY, LCNameCOBB, KOLLEEN O.P.Address2855 LEJEUNE ROAD, 4TH FLOORAddress2855 LEJEUNE ROAD, 4TH FLOORAddress2855 LEJEUNE ROAD, 4TH FLOORCity-State-Zip:CORAL GABLES FL 33134City-State-Zip:CORAL GABLES FL 33134TitlePTitleVP, TREASURER, ASST. SECRETARYNameSIGNORELLO, VINCENTNameGODOY, JUANAddress2855 LEJEUNE ROAD, 4TH FLOORAddressAddress2855 LEJEUNE ROAD, 4TH FLOORCity-State-Zip:CORAL GABLES FL 33134City-State-Zip:CORAL GABLES FL 33134City-State-Zip:CORAL GABLES FL 33134TitleVPTitleVPTitleVPNameBRADISH, MICHAELNameICKELL, KEITHAddress2855 LEJEUNE ROAD, 4TH FLOORAddress4601 TOUCHTON RD E BLDG 300, SUITE 3200City-State-Zip:CORAL GABLES FL 33134		Electronic Signature of Registered Agent			Date		
NameFLAGLER DEVELOPMENT COMPANY, LCNameCOBB, KOLLEEN O.P.Address2855 LEJEUNE ROAD, 4TH FLOORAddress2855 LEJEUNE ROAD, 4TH FLOORCity-State-Zip:CORAL GABLES FL 33134CORAL GABLES FL 33134TitleVP, TREASURER, ASST. SECRETARYTitlePNameGODOY, JUANAddress2855 LEJEUNE ROAD, 4TH FLOORAddress2855 LEJEUNE ROAD, 4TH FLOORAddress2855 LEJEUNE ROAD, 4TH FLOORAddress2855 LEJEUNE ROAD, 4TH FLOORCity-State-Zip:CORAL GABLES FL 33134TitleVPCORAL GABLES FL 33134CORAL GABLES FL 33134TitleVPTitleVPTitleVPNameBRADISH, MICHAELNameTICKELL, KEITHAddress2855 LEJEUNE ROAD, 4TH FLOORAddress4601 TOUCHTON RD E BLDG 300, SUITE 3200City-State-Zip:CORAL GABLES FL 33134	Authorized Person(s) Detail :						
LLCAddress2855 LEJEUNE ROAD, 4TH FLOORAddress2855 LEJEUNE ROAD, 4TH FLOORAddress2855 LEJEUNE ROAD, 4TH FLOORCity-State-Zip:CORAL GABLES FL 33134City-State-Zip:CORAL GABLES FL 33134TitlePTitleVP, TREASURER, ASST. SECRETARYNameSIGNORELLO, VINCENTNameGODOY, JUANAddress2855 LEJEUNE ROAD, 4TH FLOORAddress2855 LEJEUNE ROAD, 4TH FLOORCity-State-Zip:CORAL GABLES FL 33134City-State-Zip:CORAL GABLES FL 33134TitleVPTitleVPTitleVPNameBRADISH, MICHAELNameTICKELL, KEITHAddress2855 LEJEUNE ROAD, 4TH FLOORAddress2855 LEJEUNE ROAD, 4TH FLOORAddress601 TOUCHTON RD E BLDG 300, SUITE 3200City-State-Zip:CORAL GABLES FL 33134	Title	MGRM	Title	VP, SECRETARY			
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BLDG 300, SUITE 3200 City-State-Zip: CORAL GABLES FL 33134	Name	TICKELL, KEITH	Address	2855 LEJEUNE ROAD, 4TH FLOO	DR		
City-State-Zip: JACKSONVILLE FL 32246	Address		City-State-Zip:	CORAL GABLES FL 33134			
	City-State-Zip:	JACKSONVILLE FL 32246					

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: KOLLEEN O.P. COBB

VICE PRESIDENT

04/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Apr 25, 2014 Secretary of State CC6971946176

Certificate of Status Desired: No