

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000073408

Entity Name: FCCC/GP - BUTLER COVE, LLC

Current Principal Place of Business:

8985 LONE STAR ROAD
JACKSONVILLE, FL 32211

Current Mailing Address:

8985 LONE STAR ROAD
JACKSONVILLE, FL 32211

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOVELL, TERRY M
150 WEST FLAGLER STREET, SUITE 2200
MIAMI, FL 33130 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 MGRM
Name IMPACT CHURCH OF JACKSONVILLE,
INC
Address 8985 LONE STAR ROAD
City-State-Zip: JACKSONVILLE FL 32211

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: RANDALL K. JORDAN

MGRM

04/22/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date