SIGNATURE: ARMANDO A. TABERNILLA VICE PRESIDENT

2199 PONCE DE LEON BLVD.

SUITE 201 CORAL GABLES, FL 33134

Current Mailing Address:

P.O. BOX 3435 WEST PALM BEACH, FL 33401 US

FEI Number: 46-1565845

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 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:	: DIANA SERRA, VICE PRESIDENT			11/11/2014
	Electronic Signature of Registered Agent			Date
Authorized	Person(s) Detail :			
Title	MANAGER	Title	PRESIDENT	
Name	FCI RESIDENTIAL CORPORATION	Name	FANJUL, JOSE F JR.	
Address	2199 PONCE DE LEON BLVD.	Address	P.O. BOX 3435	
City-State-Zip:	SUITE 201 CORAL GABLES FL 33134	City-State-Zip:	WEST PALM BEACH FL 33407	I
Title	VP, TREASURER	Title	VP	
	,	Name	HERNANDEZ, OSCAR R	
Name	BLOMQVIST, ERIK J	Address	P.O. BOX 3435	
Address	P.O. BOX 3435	City-State-Zip:	WEST PALM BEACH FL 3340'	I
City-State-Zip:	WEST PALM BEACH FL 33401	, ,		
Title	VP	Title	VP, ASST. TREASURER	
Name	PORRO. JUAN C	Name	ROSS, DANIEL D	
		Address	P.O. BOX 3435	
Address	P.O. BOX 3435	City-State-Zip:	WEST PALM BEACH FL 3340 ²	l
City-State-Zip:	WEST PALM BEACH FL 33401			
Title	VP. SECRETARY	Title	VICE PRESIDENT OF TAXATIC	N
	,	Name	ZUKOWSI, PHILIP M	
Name	TABERNILLA, ARMANDO A	Address	P.O. BOX 3435	
Address	P.O. BOX 3435	City-State-Zip:	WEST PALM BEACH FL 3340'	l
City-State-Zip:	WEST PALM BEACH FL 33401			

2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L12000152180

Entity Name: FC ATLANTIC COMMONS PHASE II, LLC

Current Principal Place of Business:

Certificate of Status Desired: No

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.

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

11/11/2014

Electronic Signature of Signing Authorized Person(s) Detail

FILED Nov 11, 2014 Secretary of State CC5288425274