

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000086526

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC0924564875**

**Entity Name:** ATLANTIC VILLAS AT KENDALL, LLC

**Current Principal Place of Business:**

ONE N. CLEMATIS STREET  
SUITE 200  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

ONE N. CLEMATIS STREET  
SUITE 200  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 46-2978590

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TABERNILLA, ARMANDO A  
ONE N. CLEMATIS STREET  
SUITE 200  
WEST PALM BEACH, FL 33401 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  
Name FCI RESIDENTIAL CORPORATION  
Address 1 N CLAMATIS ST SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title PRESIDENT  
Name FANJUL, JOSE F. JR.  
Address ONE N. CLEMATIS STREET  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title VP, TREASURER  
Name BLOMQUIST, ERIK J.  
Address ONE N. CLEMATIS STREET  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title VP  
Name HERNANDEZ, OSCAR R.  
Address ONE N. CLEMATIS STREET  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title VP  
Name PORRO, JUAN C.  
Address ONE N. CLEMATIS STREET  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title VP, ASSISTANT SECRETARY  
Name ROSS, DANIEL D.  
Address ONE N. CLEMATIS STREET  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title VICE PRESIDENT & SECRETARY  
Name TABERNILLA, ARMANDO A.  
Address ONE N. CLEMATIS STREET  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title VICE PRESIDENT OF TAXATION  
Name ZUKOWSKI, PHILIP M.  
Address ONE N. CLEMATIS STREET  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** FCI RESIDENTIAL CORPORATION

**MGR**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date