2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000164026

Entity Name: TOSCANA PARK VILLAS, LLC

Current Principal Place of Business:

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: 46-4276916

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 | E: DIANA SERRA, VICE PRESIDENT | | | 04/20/2018 |
|----------------------------|---|-----------------|--------------------------|------------|
| | 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 3340 | 1 |
| Title | SENIOR VICE PRESIDENT | Title | VP | |
| Name | BLOMQVIST, ERIK J. | Name | PORRO, JUAN C. | |
| | | Address | P.O. BOX 3435 | |
| Address City-State-Zip: | P.O. BOX 3435 WEST PALM BEACH FL 33401 | City-State-Zip: | WEST PALM BEACH FL 3340 | 1 |
| Title | VP & ASSISTANT SECRETARY | Title | VP & SECRETARY | |
| Name | | Name | TABERNILLA, ARMANDO A. | |
| | ROSS, DANIEL D. | Address | P.O. BOX 3435 | |
| Address | P.O. BOX 3435 | City-State-Zip: | WEST PALM BEACH FL 33407 | 1 |
| City-State-Zip: | WEST PALM BEACH FL 33401 | : | | |
| Title | VP OF TAXATION | Title | VP, FINANCE & TREASURER | |
| Name | ZUKOWSKI, PHILIP M | Name | LONDONO, ALEJANDRO | |
| Address | P.O. BOX 3435 | Address | P.O. BOX 3435 | |
| | WEST PALM BEACH FL 33401 | City-State-Zip: | WEST PALM BEACH FL 3340 | 1 |
| ony-State-ZIP. | VILOI FALIVI DEAUN FL JJ4UI | | | |

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: ARMANDO A. TABERNILLA

VICE PRESIDENT

04/20/2018

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 20, 2018 Secretary of State CC6545973203

Certificate of Status Desired: No

Date