

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000146314

Entity Name: FCI DEVELOPMENT TWELVE, 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**FEI Number:** 47-1928268**Certificate of Status Desired:** No**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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	PRESIDENT
Name	FANJUL, JOSE F JR
Address	P.O. BOX 3435
City-State-Zip:	WEST PALM BEACH FL 33401

Title	VICE PRESIDENT OF TAXATION
Name	ZUKOWSKI, PHILIP M
Address	P.O. BOX 3435
City-State-Zip:	WEST PALM BEACH FL 33401

Title	SENIOR VICE PRESIDENT
Name	BLOMQVIST, ERIK J
Address	P.O. BOX 3435
City-State-Zip:	WEST PALM BEACH FL 33401

Title	VP
Name	PORRO, JUAN C
Address	P.O. BOX 3435
City-State-Zip:	WEST PALM BEACH FL 33401

Title	VICE PRESIDENT & SECRETARY
Name	TABERNILLA, ARMANDO A
Address	P.O. BOX 3435
City-State-Zip:	WEST PALM BEACH FL 33401

Title	MANAGER
Name	FCI RESIDENTIAL CORPORATION
Address	2199 PONCE DE LEON BLVD. SUITE 201
City-State-Zip:	CORAL GABLES FL 33134

Title	VP, FINANCE & TREASURER
Name	LONDONO, ALEJANDRO
Address	P.O. BOX 3435
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: ARMANDO TABERNILLA

VICE PRESIDENT

04/17/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date