

2022 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 401
CORAL GABLES, FL 33134**Current Mailing Address:**P.O. BOX 3435
WEST PALM BEACH, FL 33401 US**FEI Number:** 47-1928268**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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	Title	VICE PRESIDENT OF TAXATION
Name	FANJUL, JOSE F JR	Name	ZUKOWSKI, PHILIP M
Address	1 NORTH CLEMATIS STREET SUITE 200	Address	1 NORTH CLEMATIS STREET SUITE 200
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401
Title	SENIOR VICE PRESIDENT	Title	VP
Name	BLOMQVIST, ERIK J	Name	PORRO, JUAN C
Address	1 NORTH CLEMATIS STREET SUITE 200	Address	1 NORTH CLEMATIS STREET SUITE 200
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401
Title	VICE PRESIDENT & SECRETARY	Title	MANAGER
Name	TABERNILLA, ARMANDO A	Name	FCI RESIDENTIAL CORPORATION
Address	1 NORTH CLEMATIS STREET SUITE 200	Address	2199 PONCE DE LEON BLVD. SUITE 201
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	CORAL GABLES FL 33134
Title	VP, FINANCE & TREASURER	Title	VICE PRESIDENT AND CHIEF ACCOUNTING OFFICER
Name	LONDONO, ALEJANDRO	Name	HENDI, MEHDI
Address	1 NORTH CLEMATIS STREET SUITE 200	Address	1 NORTH CLEMATIS STREET SUITE 200
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401

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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****04/19/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	ASSISTANT SECRETARY
Name	SADLER, BENJAMIN
Address	1 NORTH CLEMATIS STREET SUITE 20
City-State-Zip:	WEST PALM BEACH FL 33401