2015 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

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 US FILED Apr 27, 2015 Secretary of State CC1520638084

Certificate of Status Desired: No

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

Authorized Person(s) Detail :

Ti	tle	PRESIDENT	Title	VP
Na	ame	FANJUL, JOSE F JR	Name	HERNANDEZ, OSCAR R
Ac	ddress	P.O. BOX 3435	Address	P.O. BOX 3435
Ci	ty-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401
Na Ad	tle ame ddress ty-State-Zip:	VICE PRESIDENT & ASSISTANT SECRETARY ROSS, DANIEL D P.O. BOX 3435 WEST PALM BEACH FL 33401	Title Name Address City-State-Zip:	VICE PRESIDENT OF TAXATION ZUKOWSKI, PHILIP M P.O. BOX 3435 WEST PALM BEACH FL 33401
Na Ac	tle ame ddress ty-State-Zip:	VICE PRESIDENT & TREASURER BLOMQVIST, ERIK J P.O. BOX 3435 WEST PALM BEACH FL 33401	Title Name Address City-State-Zip:	VP PORRO, JUAN C P.O. BOX 3435 WEST PALM BEACH FL 33401
Na Ac	tle ame ddress ty-State-Zip:	VICE PRESIDENT & SECRETARY TABERNILLA, ARMANDO A P.O. BOX 3435 WEST PALM BEACH FL 33401	Title Name Address City-State-Zip:	MANAGER FCI RESIDENTIAL CORPORATION 2199 PONCE DE LEON BLVD. SUITE 201 CORAL GABLES FL 33134

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

04/27/2015

Date

Electronic Signature of Signing Authorized Person(s) Detail