

2021 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 A. TABERNILLA**VICE PRESIDENT****04/29/2021**

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 |