

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006839

Entity Name: FDG FLAGLER CENTER I LLC**Current Principal Place of Business:**2855 LEJEUNE ROAD
4TH FLOOR
CORAL GABLES, FL 33134**Current Mailing Address:**2855 LEJEUNE ROAD
4TH FLOOR
CORAL GABLES, FL 33134**FEI Number:** 37-1588028**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COBB, KOLLEEN O.P.
2855 LEJEUNE ROAD
4TH FLOOR
CORAL GABLES, FL 33134 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:** KOLLEEN O.P. COBB

04/22/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name FDG MEZZANINE A LLC
Address 2855 LEJEUNE ROAD, 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title VP, TREASURER, ASST. SECRETARY
Name GODOY, JUAN
Address 2855 LEJEUNE ROAD, 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name TICKELL, KEITH
Address 4601 TOUCHTON RD E
BLDG 300, SUITE 3200
City-State-Zip: JACKSONVILLE FL 32246

Title VP, SECRETARY
Name COBB, KOLLEEN O.P.
Address 2855 LEJEUNE ROAD, 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title P
Name SIGNORELLO, VINCENT
Address 2855 LEJEUNE ROAD, 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name BRADISH, MICHAEL
Address 2855 LEJEUNE ROAD, 4TH FLOOR
City-State-Zip: 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: KOLLEEN COBB

VICE PRESIDENT

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date