

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000002048

**Entity Name:** SBA 2012 TC ASSETS LAND, LLC

**Current Principal Place of Business:**

5900 BROKEN SOUND PKWY, NW  
BOCA RATON, FL 33487

**Current Mailing Address:**

5900 BROKEN SOUND PKWY, NW  
BOCA RATON, FL 33487 US

**FEI Number:** 26-4051792

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERTY 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           MANAGING MEMBER  
Name           SBA 2012 TC ACQUISITION LLC  
Address        5900 BROKEN SOUND PKWY, NW  
City-State-Zip: BOCA RATON FL 33487

Title           DIRECTOR, SECRETARY, SENIOR  
                  VICE PRESIDENT  
Name           HUNT, THOMAS P  
Address        5900 BROKEN SOUND PKWY, NW  
City-State-Zip: BOCA RATON FL 33487

Title           DIRECTOR, PRESIDENT  
Name           STOOPS, JEFFREY A  
Address        5900 BROKEN SOUND PKWY, NW  
City-State-Zip: BOCA RATON FL 33487

Title           SENIOR VICE PRESIDENT  
Name           SILBERSTEIN, JASON  
Address        5900 BROKEN SOUND PKWY, NW  
City-State-Zip: BOCA RATON FL 33487

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS P. HUNT

**SECRETARY**

**04/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date