

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A09000000546

**Entity Name:** FCCC- BUTLER COVE, LTD.

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8985 LONE STAR ROAD  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

8985 LONE STAR ROAD  
JACKSONVILLE, FL 32211

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

LOVELL, TERRY M  
2200 MUSEUM TOWER  
150 WEST FLAGLER STREET  
MIAMI, FL 33130 US

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

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

**GENERAL PARTNER INFORMATION:**

Document #:

Name: FCCC/GP-BUTLER COVE, LLC

Address: 8985 LONE STAR ROAD

City-St-Zip: JACKSONVILLE, FL 32211

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information indicated on this 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: RANDALL K. JORDAN

GP

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date