

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051316

FILED
Apr 05, 2011
Secretary of State

Entity Name: FDC LAND HOLDINGS, LLC

Current Principal Place of Business:

2855 S. LEJEUNE ROAD, 4TH FLOOR
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2855 S. LEJEUNE ROAD, 4TH FLOOR
CORAL GABLES, FL 33134

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:

COBB, KOLLEEN
2855 S. LEJEUNE ROAD, 4TH FLOOR
CORAL GABLES, FL 33134 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: FLAGLER DEVELOPMENT COMPANY, LLC
Address: 2855 S. LEJEUNE ROAD, 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134 US

Title: P
Name: HEVIA, JOSE
Address: 2855 S. LEJEUNE ROAD, 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: VPS
Name: COBB, KOLLEEN
Address: 2855 S. LEJEUNE ROAD, 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: VPT
Name: GODOY, JUAN
Address: 2855 S. LEJEUNE ROAD, 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: VP
Name: TICKELL, KEITH
Address: 4601 TOUCHTON RD, BLD 300, SUITE 3200, 2ND
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP
Name: SIGNORELLO, VINCENT
Address: 2855 S. LEJEUNE ROAD, 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

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 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.

SIGNATURE: KOLLEEN O.P. COBB

VPS

04/05/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date