

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000099437

FILED  
Apr 18, 2012  
Secretary of State

**Entity Name:** FULLERTON FAMILY MANAGEMENT COMPANY, LLC

**Current Principal Place of Business:**

2000 PONCE DE LEON BOULEVARD  
SUITE 501  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

2000 PONCE DE LEON BOULEVARD  
SUITE 624  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2000 PONCE DE LEON BOULEVARD  
SUITE 501  
CORAL GABLES, FL 33134

**New Mailing Address:**

2000 PONCE DE LEON BOULEVARD  
SUITE 624  
CORAL GABLES, FL 33134

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FULLERTON, PETER V  
2000 PONCE DE LEON BOULEVARD  
SUITE 501  
CORAL GABLES, FL 33134 US

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

FULLERTON, PETER V  
2000 PONCE DE LEON BOULEVARD  
SUITE 624  
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: PETER V FULLERTON

04/18/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FULLERTON, CATHARINE C  
Address: 2000 PONCE DE LEON BOULEVARD, SUITE 624  
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: CATHARINE C FULLERTON

MGR

04/18/2012

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