

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006164

Entity Name: FCSL PROPERTIES, LLC

FILED
Feb 10, 2012
Secretary of State

Current Principal Place of Business:

8787 BAYPINE RD.
JACKSONVILLE, FL 32256

New Principal Place of Business:

1100 5TH AVENUE SOUTH
SUITE 301
NAPLES, FL 34102

Current Mailing Address:

1100 FIFTH AVE. S., SUITE 301
NAPLES, FL 34102

New Mailing Address:

1100 5TH AVENUE SOUTH
SUITE 301
NAPLES, FL 34102

FEI Number: 20-3734730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGRP
Name: INATOME, RICK
Address: 1100 5TH AVENUE SOUTH, SUITE 301
City-St-Zip: NAPLES, FL 34102 US

Title: MGR
Name: STONE, DENNIS
Address: 2145 SUTTLE AVE.
City-St-Zip: CHARLOTTE, NC 28208 US

Title: MGR
Name: DREYER, MICHELLE
Address: 2711 CENTERVILLE RD., #400
City-St-Zip: WILMINGTON, DE 19808 US

Title: S
Name: OGENE, CHIDI
Address: 1100 5TH AVENUE SOUTH, SUITE 301
City-St-Zip: NAPLES, FL 34102 US

Title: CFO
Name: CHAIT, DOUG
Address: 1100 5TH AVENUE SOUTH, SUITE 301
City-St-Zip: NAPLES, FL 34102 US

Title: MGRM
Name: FCSL PROPERTIES MEMBER, LLC
Address: 1100 5TH AVENUE SOUTH, SUITE 301
City-St-Zip: NAPLES, FL 34102 US

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: CHIDI OGENE

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02/10/2012

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