2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Dec 08, 2011
Secretary of State

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Entity Name: FLAGLER DEVELOPMENT REVERSE EXCHANGE, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 30-0577986 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 LEJEUNE ROAD, 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

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

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

Title: P
Name: SIGNORELLO, VINCENT
Address: 2855 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

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 Statues.

SIGNATURE: KOLLEEN O.P. COBB VPS 12/08/2011

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