

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004972

FILED  
Feb 21, 2012  
Secretary of State

Entity Name: FDG FLAGLER STATION IV LLC

**Current Principal Place of Business:**

2855 LEJEUNE ROAD 4TH FLOOR  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2855 LEJEUNE ROAD 4TH FLOOR  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 30-0577985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COBB, KOLLEEN O  
2855 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: MGR  
Name: FLAGLER DEVELOPMENT COMPANY LLC  
Address: 2855 LEJEUNE RD 4TH FL  
City-St-Zip: CORAL GABLES, FL 33134

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

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

Title: VP  
Name: SWANSON, ERIC  
Address: 2855 LEJEUNE RD 4TH FL  
City-St-Zip: CORAL GABLES, FL 33134

Title: P  
Name: SIGNORELLO, VINCENT  
Address: 2855 LEJEUNE RD 4TH FL  
City-St-Zip: CORAL GABLES, FL 33134

Title: VPAS  
Name: RODON, RAFAEL  
Address: 2855 LEJEUNE RD 4TH FL  
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

02/21/2012

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