

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000004129

FILED  
Mar 14, 2012  
Secretary of State

Entity Name: FCB TREASURE COAST LLC

**Current Principal Place of Business:**

5301 BLUE LAGOON DRIVE, SUITE 200  
MIAMI, FL 33126

**New Principal Place of Business:**

2500 WESTON ROAD  
SUITE 300  
WESTON, FL 33331 US

**Current Mailing Address:**

5301 BLUE LAGOON DRIVE, SUITE 200  
MIAMI, FL 33126

**New Mailing Address:**

2500 WESTON ROAD  
SUITE 300  
WESTON, FL 33331 US

FEI Number: 61-1664835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 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: ELLERT, KENT  
Address: 2500 WESTON ROAD, SUITE 300  
City-St-Zip: WESTON, FL 33331 US

Title: MGR  
Name: BAITER, JAMES E  
Address: 2500 WESTON ROAD, SUITE 300  
City-St-Zip: WESTON, FL 33331 US

Title: MGR  
Name: CASTRO, JUAN  
Address: 2500 WESTON ROAD, SUITE 300  
City-St-Zip: WESTON, FL 33331 US

Title: MGR  
Name: BENTON, LARRY  
Address: 2500 WESTON ROAD, SUITE 300  
City-St-Zip: WESTON, FL 33331 US

Title: MGR  
Name: CARTER, LESLIE DILLON III  
Address: 2500 WESTON ROAD, SUITE 300  
City-St-Zip: WESTON, FL 33331 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: LARRY BENTON

MGR

03/14/2012

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