

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117700

Entity Name: FLAGLER DEVELOPMENT REALTY, LLC**Current Principal Place of Business:**2855 LEJEUNE ROAD, 4TH FLOOR
CORAL GABLES, FL 33134**Current Mailing Address:**2855 LEJEUNE ROAD, 4TH FLOOR
CORAL GABLES, FL 33134**FEI Number:** 30-0579435**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COBB, KOLLEEN O.P.
2855 LEJEUNE ROAD, 4TH FLOOR
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:** KOLLEEN O.P. COBB

04/21/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title P
Name SIGNORELLO, VINCENT
Address 2855 LEJEUNE ROAD, 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title VP, SECRETARY
Name COBB, KOLLEEN O.P.
Address 2855 LEJEUNE ROAD, 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name HOENER, JAMES
Address 4601 TOUCHTON RD, BLD 300, SUITE 3200, 2ND
City-State-Zip: JACKSONVILLE FL 32246

Title VP
Name BELL, SCOTT
Address 8427 SOUTH PARK CIRCLE SUITE 140
City-State-Zip: ORLANDO FL 32819

Title VP
Name STORMES, JEANNE
Address 4601 TOUCHTON RD BLDG 300 STE 3200 2ND FL
City-State-Zip: JACKSONVILLE FL 32246

Title VP, ASST. SECRETARY
Name GODOY, JUAN
Address 2855 LEJEUNE ROAD, 4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KOLLEEN O.P. COBB

VICE PRESIDENT

04/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date