

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000040588

**Entity Name:** CREP XII GP LLC

**Current Principal Place of Business:**

354 NE 5TH ST  
BOCA RATON, FL 33432

**Current Mailing Address:**

11719-B JEFFERSON AVE.  
SUITE 103  
NEWPORT NEWS, VA 23606 US

**FEI Number:** 45-1498474

**Certificate of Status Desired:** No

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

JOST, PAUL C  
354 NE 5TH STREET  
BOCA RATON, FL 33432 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title	MGRM, PRES	Title	VP, SEC
Name	JOST, PAUL C	Name	JOST, LAURA HOLMES
Address	354 NE 5TH ST	Address	354 NE 5TH ST
City-State-Zip:	BOCA RATON FL 33432	City-State-Zip:	BOCA RATON FL 33432
Title	VP, TREAS		
Name	ROWCLIFFE, ALICE A		
Address	11719-B JEFFERSON AVE. SUITE 103		
City-State-Zip:	NEWPORT NEWS VA 23606		

*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:** PAUL C. JOST

**MANAGER**

**02/12/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date