

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000040588

**Entity Name:** CREP XII GP LLC

**Current Principal Place of Business:**

1500 OCEAN DR  
UNIT 1105  
MIAMI BEACH, FL 33139

**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  
1500 OCEAN DRIVE  
SUITE 1105  
MIAMI BEACH, FL 33139 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  
Name JOST, PAUL C  
Address 1500 OCEAN DRIVE  
SUITE 1105  
City-State-Zip: MIAMI BEACH FL 33139

Title VP, SEC  
Name JOST, LAURA HOLMES  
Address 1500 OCEAN DR, UNIT 1105  
City-State-Zip: MIAMI BEACH FL 33139

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:** ALICE ROWCLIFFE

VP/TREAS

02/06/2020

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

\_\_\_\_\_  
Date