2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2013
Secretary of State
CC2917542577

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Entity Name: 2701 EAST FOWLER AVENUE, LLC

Current Principal Place of Business:

201 N. FRANKLIN STREET
SUITE 2200
TAMPA, FL 33602

Current Mailing Address:

201 N. FRANKLIN STREET
SUITE 2200
TAMPA, FL 33602 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KUSSNER, STEPHEN L
201 N. FRANKLIN STREET
SUITE 2200
TAMPA, FL 33602 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
Name	DUVAL, CYNTHIA K
Address	10717 COOPERS HAWK TRACE
City-State-Zip:	ROANOKE IN 46783

Title	MGRM
Name	SMITH, ROBERT J
Address	1437 SHORTOFF ROAD
City-State-Zip:	HIGHLANDS NC 28741

Title	MGRM
Name	VEGA, FRANK T
Address	2450 LOUISIANNA BOX 400602
City-State-Zip:	HOUSTON TX 77006

Title	MGRM
Name	VEGA, JACOB
Address	1050 FRANCISCO STREET
City-State-Zip:	SAN FRANCISCO CA 94109

Title	MGRM
Name	MEDLEY, NANCY G
Address	3577 HWY 31 E
City-State-Zip:	BETHPAGE TN 37022

Title	MGRM
Name	VEGA, LINDA C
Address	1050 FRANCISCO STREET
City-State-Zip:	SAN FRANCISCO CA 94109

Title	MGRM
Name	JUAREZ, ANGELA
Address	2532 HAYWARD DRIVE
City-State-Zip:	BURLINGAME CA 94010

Title	MGRM
Name	VEGA, JOSEPH
Address	1050 FRANCISCO STREET
City-State-Zip:	SAN FRANCISCO CA 94109

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CYNTHIA K. DUVAL MANAGING MEMBER 02/04/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date