

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000086526

Entity Name: ATLANTIC VILLAS AT KENDALL, LLC

Current Principal Place of Business:

ONE N. CLEMATIS STREET
SUITE 200
WEST PALM BEACH, FL 33401

Current Mailing Address:

ONE N. CLEMATIS STREET
SUITE 200
WEST PALM BEACH, FL 33401 US

FEI Number: 46-2978590

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TABERNILLA, ARMANDO A
ONE N. CLEMATIS STREET
SUITE 200
WEST PALM BEACH, FL 33401 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 MGR
Name FCI RESIDENTIAL CORPORATION
Address 1 N CLAMATIS ST SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

Title PRESIDENT
Name FANJUL, JOSE F. JR.
Address ONE N. CLEMATIS STREET
SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

Title VP, TREASURER
Name BLOMQUIST, ERIK J.
Address ONE N. CLEMATIS STREET
SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

Title VP
Name HERNANDEZ, OSCAR R.
Address ONE N. CLEMATIS STREET
SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

Title VP
Name PORRO, JUAN C.
Address ONE N. CLEMATIS STREET
SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

Title VP, ASSISTANT SECRETARY
Name ROSS, DANIEL D.
Address ONE N. CLEMATIS STREET
SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

Title VICE PRESIDENT & SECRETARY
Name TABERNILLA, ARMANDO A.
Address ONE N. CLEMATIS STREET
SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

Title VICE PRESIDENT OF TAXATION
Name ZUKOWSKI, PHILIP M.
Address ONE N. CLEMATIS STREET
SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

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: FCI RESIDENTIAL CORPORATION

MGR

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date