

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000169968

**Entity Name:** FC MIRAMAR PHASE I, LLC

**Current Principal Place of Business:**

2199 PONCE DE LEON BLVD.  
SUITE 201  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 3435  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 46-4334779

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD  
#221E  
PALM BEACH GARDENS, FL 33410 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:** DIANA SERRA, VICE PRESIDENT

04/21/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            FANJUL, JOSE F. JR.  
Address        P.O. BOX 3435  
City-State-Zip: WEST PALM BEACH FL 33401

Title            VICE PRESIDENT & TREASURER  
Name            BLOMQVIST, ERIK J.  
Address        P.O. BOX 3435  
City-State-Zip: WEST PALM BEACH FL 33401

Title            VP  
Name            HERNANDEZ, OSCAR R.  
Address        P.O. BOX 3435  
City-State-Zip: WEST PALM BEACH FL 33401

Title            VP  
Name            PORRO, JUAN C.  
Address        P.O. BOX 3435  
City-State-Zip: WEST PALM BEACH FL 33401

Title            VICE PRESIDENT & ASSISTANT  
SECRETARY  
Name            ROSS, DANIEL D.  
Address        P.O. BOX 3435  
City-State-Zip: WEST PALM BEACH FL 33401

Title            VICE PRESIDENT & SECRETARY  
Name            TABERNILLA, ARMANDO A.  
Address        P.O. BOX 3435  
City-State-Zip: WEST PALM BEACH FL 33401

Title            VICE PRESIDENT OF TAXATION  
Name            ZUKOWSKI, PHILIP M.  
Address        P.O. BOX 3435  
City-State-Zip: WEST PALM BEACH FL 33401

Title            MANAGER  
Name            FCI RESIDENTIAL CORPORATION  
Address        2199 PONCE DE LEON BLVD.  
SUITE 201  
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:** ARMANDO A. TABERNILLA

VICE PRESIDENT

04/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date