

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000126836

**Entity Name:** FCI DEVELOPMENT ELEVEN, LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

PO BOX 3435  
WEST PALM BEACH, FL 33401

**FEI Number:** APPLIED FOR

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name FCI RESIDENTIAL CORPORATION  
Address 2199 PONCE DE LEON BLVD SUITE 201  
City-State-Zip: CORAL GABLES FL 33134

Title SENIOR VICE PRESIDENT  
Name BLOMQUIST, ERIK J.  
Address 2199 PONCE DE LEON BLVD SUITE 201  
City-State-Zip: CORAL GABLES FL 33134

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

Title VP, SECRETARY  
Name TABERNILLA, ARMANDO A.  
Address PO BOX 3435  
City-State-Zip: WEST PALM BEACH FL 33401

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

Title VP, ASSISTANT SECRETARY  
Name ROSS, DANIEL D.  
Address PO BOX 3435  
City-State-Zip: WEST PALM BEACH FL 33401

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

Title VP, FINANCE & TREASURER  
Name LONDONO, ALEJANDRO  
Address PO BOX 3435  
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:** ARMANDO A. TABERNILLA

**VICE PRESIDENT**

**04/18/2018**

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

\_\_\_\_\_  
Date