

**2024 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 401  
CORAL GABLES, FL 33134

**Current Mailing Address:**

PO BOX 3435  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 47-1580912

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK, INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 US

**FILED**  
**Apr 19, 2024**  
**Secretary of State**  
**7688029606CC**

*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 401  
City-State-Zip: CORAL GABLES FL 33134

Title SENIOR VICE PRESIDENT  
Name BLOMQUIST, ERIK J.  
Address 1 NORTH CLEMATIS STREET SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title VP  
Name PORRO, JUAN C.  
Address 1 NORTH CLEMATIS STREET SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title VP, SECRETARY  
Name TABERNILLA, ARMANDO A.  
Address 1 NORTH CLEMATIS STREET SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title PRESIDENT  
Name FANJUL, JOSE F. JR.  
Address 1 NORTH CLEMATIS STREET SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title VP, FINANCE & TREASURER  
Name LONDONO, ALEJANDRO  
Address 1 NORTH CLEMATIS STREET SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title VICE PRESIDENT AND CHIEF ACCOUNTING OFFICER  
Name HENDI, MEHDI  
Address 1 NORTH CLEMATIS STREET SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title ASSISTANT SECRETARY  
Name SADLER, BENJAMIN  
Address 1 NORTH CLEMATIS STREET SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

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*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

**VP, SECRETARY, BY  
LAUREN DUEMIG,  
ATTORNEY-IN-FACT**

**04/19/2024**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title ASSISTANT VICE PRESIDENT, TAX  
Name JACOBS, NICK  
Address 2199 PONCE DE LEON BLVD SUITE 401  
City-State-Zip: CORAL GABLES FL 33134

Title ASSISTANT VICE PRESIDENT, TAX  
Name RICE, BRIAN D.  
Address 2199 PONCE DE LEON BLVD SUITE  
401  
City-State-Zip: CORAL GABLES FL 33134