

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000002333

**Entity Name:** FDG C39 FL GAINESVILLE LLC

**Current Principal Place of Business:**

2855 LE JEUNE ROAD  
4TH FLOOR  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2855 LE JEUNE ROAD  
4TH FLOOR  
CORAL GABLES, FL 33134 US

**FEI Number:** 27-0512100

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 FDG C39 HOLDINGS LLC  
Address 2855 LE JEUNE ROAD 4TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT  
Name SIGNORELLO, VINCENT  
Address 2855 LE JEUNE ROAD 4TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name ASHLEY, JON  
Address 2855 LE JEUNE ROAD  
4TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name NARDONE, RANDAL A  
Address 2855 LE JEUNE ROAD  
4TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name COBB, KOLLEEN OP  
Address 2855 LE JEUNE ROAD  
4TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name RODON, RAFAEL  
Address 2855 LE JEUNE ROAD  
4TH FLOOR  
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KOLLEEN OP COBB

**VICE PRESIDENT**

**03/25/2013**

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

\_\_\_\_\_  
Date