

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000002298

**Entity Name:** FS BUILDING 32 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

**FEI Number:** 46-3767372

**Certificate of Status Desired:** No

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

COBB, KOLLEEN O.P.  
2855 LE JEUNE ROAD 4TH FLOOR  
CORAL GABLES, FL 33134 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:** KOLLEEN O.P. COBB

04/28/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name FDG MEZZANINE HOLDINGS LLC  
Address 2855 LE JEUNE ROAD 4TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

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

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

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

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

Title VP, TREASURER, ASST. SECRETARY  
Name GODOY, JUAN  
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KOLLEEN O.P. COBB

VICE PRESIDENT

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date