

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000002704

**Entity Name:** LCP PHASE I B2, LLC

**Current Principal Place of Business:**

800 N. MAGNOLIA AVENUE  
SUITE 1625  
ORLANDO, FL 32803

**Current Mailing Address:**

800 N. MAGNOLIA AVENUE  
SUITE 1625  
ORLANDO, FL 32803 US

**FEI Number:** 86-2556153

**Certificate of Status Desired:** No

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

CT 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	MGR	Title	MGR
Name	HEISTAND, JAMES R	Name	KIDD, A. NONI HOLMES
Address	800 N. MAGNOLIA AVENUE, #1625	Address	800 N. MAGNOLIA AVENUE, #1625
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32803
Title	MGR	Title	AP
Name	FRANCIS, SCOTT E	Name	THOMAS, KEVIN
Address	800 N. MAGNOLIA AVENUE, #1625	Address	800 N. MAGNOLIA AVENUE, #1625
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32803

*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:** A. NONI HOLMES-KIDD

SVP

08/22/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date