

SCC eFile

**2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

215507874

1.) CORPORATION NAME:

**FL PROMENADE GP, INC.**

DUE DATE: **2/28/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NANCY ZABRISKIE MCGRATH  
12500 FAIR LAKES CIR STE 400  
FAIRFAX, VA**

SCC ID NO: **06538144**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 1,000      |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12500 FAIR LAKES CIRCLE  
SUITE 400

CITY/ST/ZIP: FAIRFAX, VA 22033

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

|          |   |  |
|----------|---|--|
|          | <input checked="" type="checkbox"/> OFFICER               | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:    | MILTON V PETERSON   |  |
| TITLE:   | PRESIDENT   |  |
| ADDRESS: | 12500 FAIR LAKES CIRCLE<br>SUITE 400<br>FAIRFAX, VA 22033 |  |

|          |   |  |
|----------|---|--|
|          | <input checked="" type="checkbox"/> OFFICER               | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:    | WILLIAM E PETERSON  |  |
| TITLE:   | VICE PRESIDENT  |  |
| ADDRESS: | 12500 FAIR LAKES CIRCLE<br>SUITE 400<br>FAIRFAX, VA 22033 |  |

|          |   |                                   |
|----------|---|-----------------------------------|
|          | <input checked="" type="checkbox"/> OFFICER               | <input type="checkbox"/> DIRECTOR |
| NAME:    | NANCY Z MCGRATH   |                                   |
| TITLE:   | SECRETARY   |                                   |
| ADDRESS: | 12500 FAIR LAKES CIRCLE<br>SUITE 400<br>FAIRFAX, VA 22033 |                                   |

|          |   |                                   |
|----------|---|-----------------------------------|
|          | <input checked="" type="checkbox"/> OFFICER             | <input type="checkbox"/> DIRECTOR |
| NAME:    | JAMES VECCHIARELLI                                      |                                   |
| TITLE:   | TREASURER   |                                   |
| ADDRESS: | 12500 FAIR LAKES CIRCLE<br>STE 400<br>FAIRFAX, VA 22033 |                                   |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

|   |                                  |           |
|---|----------------------------------|-----------|
| /s/ NANCY Z MCGRATH                                 | NANCY Z MCGRATH, SECRETARY       | 2/27/2015 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE      |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.