2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000309930

Entity Name: MHP FL IV, LLC

Current Principal Place of Business:

601 BRICKELL KEY DRIVE, SUITE 700

MIAMI, FL 33131

Current Mailing Address:

601 BRICKELL KEY DRIVE, SUITE 700 MIAMI. FL 33131 US

FEI Number: APPLIED FOR
Name and Address of Current Registered Agent:

SHEAR, CHRISTOPHER 601 BRICKELL KEY DRIVE, SUITE 700 MIAMI, FL 33131 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

FILED Apr 30, 2021

Secretary of State

9598407326CC

Certificate of Status Desired: Yes

Authorized Person(s) Detail:

Title MGR Title MBR

Name MHP FL IV MANAGER, LLC Name MHP FL IV MANAGER, LLC

Address 601 BRICKELL KEY DRIVE, SUITE 700 Address 601 BRICKELL KEY DRIVE, SUITE 700

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

Title MBR Title CEO

Name MCDOWELL, WILLIAM P Name MCDOWELL, WILLIAM P

Address 601 BRICKELL KEY DRIVE, SUITE 700 Address 601 BRICKELL KEY DRIVE, SUITE 700

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

Title P Title COO

Name LEE, KENNETH Name SHEAR, CHRISTOPHER

Address 601 BRICKELL KEY DRIVE, SUITE 700 Address 601 BRICKELL KEY DRIVE, SUITE 700

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

Title CFOS

Name SARIOL, MARIO A.

Address 601 BRICKELL KEY DRIVE, SUITE 700

City-State-Zip: MIAMI FL 33131

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: MARIO SARIOL CFO 04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date