

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000000400

**Entity Name:** HOMETOWN UNIVERSITY LAKES, L.L.C.**Current Principal Place of Business:**C/O HOMETOWN AMERICA 150 N. WACKER DRIVE  
SUITE 2800  
CHICAGO, IL 60606**Current Mailing Address:**C/O HOMETOWN AMERICA 150 N. WACKER DRIVE  
SUITE 2800  
CHICAGO, IL 60606**FEI Number:** 36-4196688**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	MGR
Name	HOMETOWN RESIDENTIAL MANAGER, L.L.C.
Address	150 N. WACKER DR. STE 2800
City-State-Zip:	CHICAGO IL 60606

Title	CO-CEO, ASST. SECRETARY
Name	BRAUN, STEPHEN H
Address	C/O HTA 150 N WACKER DR SUITE 2800
City-State-Zip:	CHICAGO IL 60606

Title	VP, T, ASST. SECRETARY
Name	CURATOLO, THOMAS
Address	C/O HTA 150 N WACKER DR SUITE 2800
City-State-Zip:	CHICAGO IL 60606

Title	CO-CEO, ASST. SECRETARY
Name	ZILIS, PATRICK C
Address	C/O HOMETOWN AMERICA 150 N. WACKER DRIVE SUITE 2800
City-State-Zip:	CHICAGO IL 60606

Title	SECRETARY
Name	NAGEL, NANCY
Address	C/O HOMETOWN AMERICA 150 N. WACKER DRIVE SUITE 2800
City-State-Zip:	CHICAGO IL 60606

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:** STEPHEN H. BRAUN

CO-CEO

04/21/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date