

2021 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	Title	CO-CEO, ASST. SECRETARY
Name	HOMETOWN RESIDENTIAL MANAGER, L.L.C.	Name	BRAUN, STEPHEN H
Address	150 N. WACKER DR. STE 2800	Address	C/O HTA 150 N WACKER DR SUITE 2800
City-State-Zip:	CHICAGO IL 60606	City-State-Zip:	CHICAGO IL 60606
Title	CO-CEO, ASST. SECRETARY	Title	ASSISTANT SECRETARY
Name	ZILIS, PATRICK C	Name	NAGEL, NANCY
Address	C/O HOMETOWN AMERICA 150 N. WACKER DRIVE SUITE 2800	Address	C/O HOMETOWN AMERICA 150 N. WACKER DRIVE SUITE 2800
City-State-Zip:	CHICAGO IL 60606	City-State-Zip:	CHICAGO IL 60606
Title	CHIEF INVESTMENT OFFICER AND SECRETARY		
Name	MINAHAN, DOUGLAS		
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

02/03/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date