

2024 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 110 N. WACKER DRIVE
SUITE 4500
CHICAGO, IL 60606**Current Mailing Address:**C/O HOMETOWN AMERICA 110 N. WACKER DRIVE
SUITE 4500
CHICAGO, IL 60606 US**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	C/O HOMETOWN AMERICA 110 N. WACKER DRIVE SUITE 4500
City-State-Zip:	CHICAGO IL 60606

Title	CEO, PRESIDENT
Name	ZILIS, PATRICK C.
Address	C/O HOMETOWN AMERICA 110 N. WACKER DRIVE SUITE 4500
City-State-Zip:	CHICAGO IL 60606

Title	CIO, ASST. SECRETARY
Name	MINAHAN, DOUGLAS
Address	C/O HOMETOWN AMERICA 110 N. WACKER DRIVE SUITE 4500
City-State-Zip:	CHICAGO IL 60606

Title	COO, ASST. SECRETARY
Name	KRAVENAS, KENNETH
Address	C/O HOMETOWN AMERICA 110 N. WACKER DRIVE SUITE 4500
City-State-Zip:	CHICAGO IL 60606

Title	SECRETARY
Name	LYNCH, GREGORY R.
Address	C/O HOMETOWN AMERICA 110 N. WACKER DRIVE SUITE 4500
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: GREGORY R. LYNCH**SECRETARY****04/11/2024**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date