

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000001733

**Entity Name:** CASCADES AT HAMMOCKS LLC

**Current Principal Place of Business:**

2 SEAPORT LANE, C/O AEW  
15TH FLOOR  
BOSTON, MA 02210

**Current Mailing Address:**

2 SEAPORT LANE, C/O AEW  
15TH FLOOR  
BOSTON, MA 02210 US

**FEI Number:** 04-3570713

**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 MEMBER  
Name CITIBANK AS TRUSTEE OF UNITED  
TECHNOLOGIES CORPORATION  
MASTER PENSION TRUST FUND  
Address 2 SEAPORT LANE, C/O AEW  
15TH FLOOR  
City-State-Zip: BOSTON MA 02210

*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:** CITIBANK AS TRUSTEE OF UNITED  
TECHNOLOGIES CORPORATION MASTER  
PENSION TRUST FUND

MEMBER

05/03/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date