

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000003008

**Entity Name:** CSDV-GP, LLC

**Current Principal Place of Business:**

515 S. FLOWER STREET, SUITE 3100  
LOS ANGELES, CA 90071

**Current Mailing Address:**

515 S. FLOWER STREET, SUITE 3100  
LOS ANGELES, CA 90071 US

**FEI Number:** NOT APPLICABLE

**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           MANAGER  
Name           CALIFORNIA STATE TEACHERS'  
                  RETIREMENT SYSTEM  
Address        865 SOUTH FIGUEROA STREET  
                  SUITE 3500  
City-State-Zip: LOS ANGELES CA 90071

*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:** CALIFORNIA STATE TEACHERS' RETIREMENT  
SYSTEM

MANAGER

04/04/2017

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

\_\_\_\_\_ Date