

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000003008

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

**Current Principal Place of Business:**

601 S. FIGUEROA STREET  
49TH FLOOR  
LOS ANGELES, CA 90017

**Current Mailing Address:**

601 S. FIGUEROA STREET  
49TH FLOOR  
LOS ANGELES, CA 90017 US

**FEI Number:** 48-1295939

**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 CALIFORNIA STATE TEACHERS'  
RETIREMENT SYSTEM  
Address 601 S. FIGUEROA STREET  
49TH FLOOR  
City-State-Zip: LOS ANGELES CA 90017

Title MANAGER  
Name DENNY, CAMILIA M  
Address 601 S. FIGUEROA STREET  
49TH FLOOR  
City-State-Zip: LOS ANGELES CA 90017

Title MANAGER  
Name LUTTHANS, KIM E.  
Address 601 S. FIGUEROA STREET  
49TH FLOOR  
City-State-Zip: LOS ANGELES CA 90017

Title AUTHORIZED SIGNATORY  
Name ZINN, NATHAN  
Address 601 S. FIGUEROA STREET  
49TH FLOOR  
City-State-Zip: LOS ANGELES CA 90017

*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:** ZINN NATHAN

**AUTHORIZED  
SIGNATORY**

**03/07/2023**

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

\_\_\_\_\_  
Date