

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000001868

Entity Name: 1200 NORTH FEDERAL ASSOCIATES, LLC**Current Principal Place of Business:**C/O KEYSTONE, 1001 CONSHOHOCKEN STATE ROAD, SUITE 2-201
WEST CONSHOHOCKEN, PA 19428**Current Mailing Address:**C/O KEYSTONE, 1001 CONSHOHOCKEN STATE ROAD, SUITE 2-201
WEST CONSHOHOCKEN, PA 19428 US**FEI Number:** 45-2420427**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:** KRISTIN BOLDEN, ASSISTANT SECRETARY

05/15/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|---|-----------------|---|
| Title | PRESIDENT | Title | AUTHORIZED MEMBER |
| Name | GLAZER, WILLIAM | Name | 1200 NORTH FEDERAL SP OWNER LLC |
| Address | C/O KEYSTONE, 1001 CONSHOHOCKEN STATE ROAD, SUITE 2-201 | Address | C/O KEYSTONE, 1001 CONSHOHOCKEN STATE ROAD, SUITE 2-201 |
| City-State-Zip: | WEST CONSHOHOCKEN PA 19428 | City-State-Zip: | WEST CONSHOHOCKEN PA 19428 |

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: GLAZER , WILLIAM

PRESIDENT

05/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date