

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000005706

Entity Name: THOMAS RANCH MANAGER, LLC

Current Principal Place of Business:

4901 VINELAND ROAD
SUITE 450
ORLANDO, FL 32811

Current Mailing Address:

4901 VINELAND ROAD
SUITE 450
ORLANDO, FL 32811 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	VP	Title	SECRETARY
Name	CANDES, LESLIE	Name	HARRIS IV, ROBERT A.
Address	4901 VINELAND ROAD SUITE 400	Address	5335 WISCONSIN AVENUE, N.W. SUITE 440
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	WASHINGTON DC 20015
Title	MANAGER	Title	MANAGER
Name	STEWART, DAVID	Name	NICHOLSON, LARRY
Address	4901 VINELAND ROAD SUITE 450	Address	4901 VINELAND ROAD SUITE 450
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811
Title	PRESIDENT, MANAGER	Title	VP
Name	SKELLY, PETER G	Name	GRANEY, TIMOTHY P
Address	4901 VINELAND ROAD SUITE 450	Address	4901 VINELAND ROAD SUITE 450
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811
Title	VP	Title	VP
Name	LUCZYNSKI, JOHN	Name	LEWIS, STEVEN C
Address	4901 VINELAND ROAD SUITE 450	Address	4901 VINELAND ROAD SUITE 450
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811

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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: ROBERT A. HARRIS IV

SECRETARY

01/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name SEVERANCE, RICHARD P
Address 4901 VINELAND ROAD
SUITE 450
City-State-Zip: ORLANDO FL 32811