

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000007586

Entity Name: SWAY 2014-1 EQUITY OWNER, LLC**Current Principal Place of Business:**1717 MAIN ST, , SUITE 2000
SUITE 200
DALLAS, TX 75201**Current Mailing Address:**8665 E HARTFORD DRIVE STE 200
SCOTTSDALE, AZ 85255 US**FEI Number:** 47-2019153**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 AUTHORIZED MEMBER
Name INVITATION HOMES OPERATING
PARTNERSHIP, L.P.
Address 1717 MAIN ST, , SUITE 2000
SUITE 200
City-State-Zip: DALLAS TX 75201

Title TREASURER/CFO
Name FREEDMAN, ERNEST
Address 1717 MAIN ST, , SUITE 2000
SUITE 200
City-State-Zip: DALLAS TX 75201

Title COO
Name YOUNG, CHARLES
Address 1717 MAIN ST, , SUITE 2000
SUITE 200
City-State-Zip: DALLAS TX 75201

Title PRESIDENT/CEO
Name TUOMI, FRED
Address 1717 MAIN ST, , SUITE 2000
SUITE 200
City-State-Zip: DALLAS TX 75201

Title SECRETARY, EXECUTIVE VICE
PRESIDENT, GENERAL COUNSEL
Name SOLLS, MARK
Address 1717 MAIN ST, , SUITE 2000
SUITE 200
City-State-Zip: DALLAS TX 75201

Title ASST. SECRETARY
Name BLANCHETTE, JULIANNE
Address 8665 EAST HARTFORD DR
SUITE 200
City-State-Zip: SCOTTSDALE AZ 85255

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: JULIANNE BLANCHETTE**ASSISTANT SECRETARY** 04/02/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date