

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1500003206

**Entity Name:** MAPLE MULTI-FAMILY DEVELOPMENT, L.L.C.

**FILED**  
**Apr 24, 2021**  
**Secretary of State**  
**5822660394CC**

**Current Principal Place of Business:**

PARKLAND HALL  
3889 MAPLE AVENUE SUITE 200  
DALLAS, TX 75219

**Current Mailing Address:**

PARKLAND HALL  
3889 MAPLE AVENUE SUITE 200  
DALLAS, TX 75219 US

**FEI Number: 61-1577129**

**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 VP  
Name BERARDINELLI, JAMES M.  
Address 3715 NORTHSIDE PARKWAY  
BUILDING 100 SUITE 200  
City-State-Zip: ATLANTA GA 30327

Title VP  
Name ERDOSSY, E. GARTH  
Address PARKLAND HALL  
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City-State-Zip: DALLAS TX 75219

Title VP  
Name KRUGER, DONNA C.  
Address 3715 NORTHSIDE PARKWAY  
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Title VP  
Name BREINING, CLIFFORD A.  
Address 76210 VIA CHIANTI  
City-State-Zip: INDIAN WELLS CA 92210

Title VP  
Name DITTEAUX, ANTHONY  
Address PARKLAND HALL  
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Title VP  
Name HUNTOON, ANDREW L.  
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Title VP  
Name TANCHEL, ALICE S.  
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Title VP  
Name SCHIFFER, ALEC  
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**Continues on page 2**

*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: KENNETH J. VALACH**

**MANAGER**

**04/24/2021**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title           TREASURER  
Name           BREINING, CLIFFORD A.  
Address        76210 VIA CHIANTI  
City-State-Zip: INDIAN WELLS CA 92210

Title           MEMBER  
Name           MAPLE RESIDENTIAL, L.P.  
Address        PARKLAND HALL  
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Title           VP  
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Address        PARKLAND HALL  
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Title           ASSISTANT SECRETARY  
Name           CHRISTY, CHERYL  
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                SUITE 1050  
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Title           VP  
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Title           VP  
Name           WORCESTER, JARVIE

Title           PRESIDENT  
Name           VALACH, KENNETH J.  
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Title           MANAGER  
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