

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000008225

Entity Name: AIR WATERWAYS VILLAGE, LLC

Current Principal Place of Business:

4582 S ULSTER ST
SUITE 1700
DENVER, CO 80237

Current Mailing Address:

4582 S ULSTER ST
SUITE 1700
DENVER, CO 80237 US

FEI Number: 81-4135720

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 SVP
Name SPRANG, MARTIN
Address 4582 S ULSTER ST
SUITE 1700
City-State-Zip: DENVER CO 80237

Title P
Name COHN, LISA R
Address 4582 S ULSTER ST
SUITE 1700
City-State-Zip: DENVER CO 80237

Title CFO
Name BELDIN, PAUL
Address 4582 S ULSTER ST
SUITE 1700
City-State-Zip: DENVER CO 80237

Title VP
Name DIAMOND, KENNETH
Address 4582 S ULSTER ST
SUITE 1700
City-State-Zip: DENVER CO 80237

Title VP
Name ORGAN, TONY
Address 4582 S ULSTER ST
SUITE 1700
City-State-Zip: DENVER CO 80237

Title AVP
Name MOSHER, KEVIN
Address 4582 S ULSTER ST
SUITE 1700
City-State-Zip: DENVER CO 80237

Title MBR
Name APARTMENT INCOME REIT, L.P.
Address 4582 S ULSTER ST, STE. 1100
City-State-Zip: DENVER CO 80237

Title ASST. SECRETARY
Name FARMER, JOY
Address 4582 S ULSTER ST
SUITE 1700
City-State-Zip: DENVER CO 80237

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: JOY FARMER

ASSISTANT SECRETARY 04/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date