

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000010395

FILED
Jan 07, 2019
Secretary of State
2628129194CC

Entity Name: BRE ROOK SH PRESIDENTIAL PLACE LLC

Current Principal Place of Business:

222 S. RIVERSIDE PLAZA
CHICAGO, IL 60606

Current Mailing Address:

C/O BRITTANY COVELL
222 S. RIVERSIDE PLAZA SUITE 2000
CHICAGO, IL 60606 US

FEI Number: 82-0992389

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 MGMR
Name BRE ROOK SH PROPERTY HOLDINGS LLC
Address 222 S. RIVERSIDE PLAZA
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name BERNSTEIN, RON
Address 345 PARK AVENUE
City-State-Zip: NEW YORK NY 10154

Title DIRECTOR
Name SOLOMOND, PHILLIP
Address 345 PARK AVENUE
City-State-Zip: NEW YORK NY 10154

Title VP-TAX
Name KLANK, MARIKAY
Address 222 S. RIVERSIDE PLAZA
City-State-Zip: CHICAGO IL 60606

Title ASST. SECRETARY
Name VALANE, JOSEPH
Address 222 S. RIVERSIDE PLAZA
City-State-Zip: CHICAGO IL 60606

Title ASSISTANT SECRETARY
Name ROBELLY, LESLIE
Address 222 S. RIVERSIDE PLAZA
City-State-Zip: CHICAGO IL 60606

Title ASSISTANT SECRETARY
Name COVELL, BRITTANY
Address 222 S. RIVERSIDE PLAZA
City-State-Zip: CHICAGO IL 60606

Title VP
Name BEST, THILO D
Address 1505 S. HOWARD AVENUE
City-State-Zip: TAMPA FL 33606

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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: JOSEPH VALANE

ASSISTANT SECRETARY 01/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name ROBINSON, MATTHEW
Address 1505 S. HOWARD AVENUE
City-State-Zip: TAMPA FL 33606

Title VP
Name BARGERON, ANN
Address 1505 S. HOWARD AVENUE
City-State-Zip: TAMPA FL 33606