

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000005269

**Entity Name:** HUDSON HOMES MANAGEMENT LLC

**Current Principal Place of Business:**

4849 GREENVILLE AVENUE  
SUITE 500  
DALLAS, TX 75206

**Current Mailing Address:**

4849 GREENVILLE AVENUE  
SUITE 500  
DALLAS, TX 75206 US

**FEI Number:** 83-0747484

**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 MANAGER  
Name ROBINSON, LISA  
Address 4849 GREENVILLE AVENUE  
SUITE 500  
City-State-Zip: DALLAS TX 75206

Title MANAGER  
Name YORK, SARAH E.  
Address 4849 GREENVILLE AVENUE  
SUITE 500  
City-State-Zip: DALLAS TX 75206

Title MANAGER  
Name MILLER, DAVID  
Address 4849 GREENVILLE AVENUE  
SUITE 500  
City-State-Zip: DALLAS TX 75206

Title MANAGER  
Name YOVINO, TODD  
Address 4849 GREENVILLE AVENUE  
SUITE 500  
City-State-Zip: DALLAS TX 75206

Title MANAGER  
Name GASCH, LANCE  
Address 4849 GREENVILLE AVENUE  
SUITE 500  
City-State-Zip: DALLAS TX 75206

Title VICE PRESIDENT AND SECRETARY  
Name STELTON-SWAN, ALANA  
Address 4849 GREENVILLE AVENUE  
SUITE 500  
City-State-Zip: DALLAS TX 75206

*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:** ALANA STELTON-SWAN

**VICE PRESIDENT AND  
SECRETARY**

**03/21/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date