

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000008356

Entity Name: PPF AMLI JOYA GP, LLC**Current Principal Place of Business:**141 W JACKSON BLVD, SUITE 300
CHICAGO, IL 60604**Current Mailing Address:**C/O AMLI RESIDENTIAL PROPERTIES, L.P.
141 W JACKSON BLVD, SUITE 300
CHICAGO, IL 60604 US**FEI Number:** 36-4911051**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 AMBR
Name AMLI RESIDENTIAL PROPERTIES, L.P.
Address 141 W JACKSON BLVD, STE 300
City-State-Zip: CHICAGO IL 60604

Title ASST. SECRETARY
Name MARTENS, JULIE
Address 141 W JACKSON BLVD, SUITE 300
City-State-Zip: CHICAGO IL 60604

Title SECRETARY
Name SPARROW, CHARLOTTE A
Address 141 W JACKSON BLVD, SUITE 300
City-State-Zip: CHICAGO IL 60604

Title AUTHORIZED REPRESENTATIVE
Name ROSS, STEPHEN C
Address 141 W JACKSON BLVD, SUITE 300
City-State-Zip: CHICAGO IL 60604

Title AUTHORIZED REPRESENTATIVE
Name THOMSON, MATTHEW
Address 888 EAST LAS OLAS BOULEVARD
STE 601
City-State-Zip: FORT LAUDERDALE FL 33301

Title AUTHORIZED REPRESENTATIVE
Name RICE, ALICIA
Address 888 EAST LAS OLAS BOULEVARD
STE 601
City-State-Zip: FORT LAUDERDALE FL 33301

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: LORENA MONTENEGRO**CORPORATE RECORDS
MANAGER**

04/27/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date