

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000010067

Entity Name: HART SOUTH FLORIDA CAMPUS LLC

Current Principal Place of Business:

191 NORTH WACKER DR., STE 2500
CHICAGO, IL 60606

Current Mailing Address:

191 NORTH WACKER DR., STE 2500
CHICAGO, IL 60606 US

FEI Number: 77-0672767

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 SOLE MEMBER
Name HEITMAN AMERICA REAL ESTATE
 HOLDINGS, LP
Address 191 NORTH WACKER DR., STE 2500
City-State-Zip: CHICAGO IL 60606

Title PRESIDENT
Name TOGNARELLI, MAURY R
Address 191 NORTH WACKER DR., STE 2500
City-State-Zip: CHICAGO IL 60606

Title EVP, SECRETARY
Name MCCARTHY, THOMAS D
Address 191 NORTH WACKER DR., STE 2500
City-State-Zip: CHICAGO IL 60606

Title EVP
Name KEANE, BLAISE P
Address 191 NORTH WACKER DR., STE 2500
City-State-Zip: CHICAGO IL 60606

Title CFO, TREASURER & ASSISTANT
 SECRETARY
Name CHRISTENSEN, LAWRENCE J
Address 191 NORTH WACKER DR., STE 2500
City-State-Zip: CHICAGO IL 60606

Title SVP
Name KELLY, TOM P
Address 191 NORTH WACKER DR., STE 2500
City-State-Zip: CHICAGO IL 60606

Title SVP
Name VARRATO, MELANIE
Address 191 NORTH WACKER DR., STE 2500
City-State-Zip: CHICAGO IL 60606

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: MELANIE VARRATO

SVP

06/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date