

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000010067

Entity Name: HART SOUTH FLORIDA CAMPUS LLC**Current Principal Place of Business:**110 N. WACKER DRIVE
SUITE 4000
CHICAGO, IL 60606**Current Mailing Address:**110 N. WACKER DRIVE
SUITE 4000
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 S 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 110 N. WACKER DRIVE SUITE 4000
City-State-Zip: CHICAGO IL 60606

Title EVP, S
Name MCCARTHY, THOMAS D
Address 110 N. WACKER DRIVE SUITE 4000
City-State-Zip: CHICAGO IL 60606

Title CFO, T, AS
Name CHRISTENSEN, LAWRENCE J
Address 110 N. WACKER DRIVE SUITE 4000
City-State-Zip: CHICAGO IL 60606

Title SVP
Name VARRATO, MELANIE
Address 110 N. WACKER DRIVE SUITE 4000
City-State-Zip: CHICAGO IL 60606

Title PRESIDENT
Name TOGNARELLI, MAURY R
Address 110 N. WACKER DRIVE SUITE 4000
City-State-Zip: CHICAGO IL 60606

Title EVP
Name KEANE, BLAISE P
Address 110 N. WACKER DRIVE SUITE 4000
City-State-Zip: CHICAGO IL 60606

Title SVP
Name KELLY, THOMAS P
Address 110 N. WACKER DRIVE SUITE 4000
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**SENIOR VICE PRESIDENT** 05/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date