2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000007842

Entity Name: PPF AMLI 8800 DORAL BOULEVARD, LLC

Current Principal Place of Business:

141 WEST JACKSON BLVD.

SUITE:300

CHICAGO, IL 60604

Current Mailing Address:

141 WEST JACKSON BLVD.

SUITE:300

CHICAGO, IL 60604 US

FEI Number: 84-2648226 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT 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 MBR Title ASST. SECRETARY

Name AMLI RESIDENTIAL PROPERTIES, L.P. Name MARTENS, JULIE

Address 141 WEST JACKSON BOULEVARD, Address 141 WEST JACKSON BOULEVARD

STE:300 STE 300

City-State-Zip: CHICAGO IL 60604 City-State-Zip: CHICAGO IL 60604

Title SECRETARY Title AUTHORIZED REPRESENTATIVE

Name SPARROW, CHARLOTTE A Name ROSS, STEPHEN C

Address 141 WEST JACKSON BLVD. Address 141 WEST JACKSON BLVD.

SUITE:300 SUITE:300

City-State-Zip: CHICAGO IL 60604 City-State-Zip: CHICAGO IL 60604

Title AUTHORIZED REPRESENTATIVE Title AUTHORIZED REPRESENTATIVE

Name THOMSON, MATTHEW Name DOKES, ALICIA

Address 888 EAST LAS OLAS BOULEVARD Address 888 EAST LAS OLAS BOULEVARD

STE 601 STE 601

City-State-Zip: FORT LAUDERDALE FL 33301 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: JULIE MARTENS ASSISTANT SECRETARY 01/21/2020

FILED Jan 21, 2020

Secretary of State

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