

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000011347

**Entity Name:** PNC ARHPF COUNTRY OAKS MM LLC

**Current Principal Place of Business:**

101 S. FIFTH ST, 7TH FLOOR  
LOUISVILLE, KY 40202

**Current Mailing Address:**

300 FIFTH AVE.  
ATTN: J. SALZMAN  
PITTSBURGH, PA 15222-2401 US

**FEI Number:** 85-2674318

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 AP  
Name NUNNERY, JOHN  
Address 101 S. FIFTH ST, 7TH FLOOR  
City-State-Zip: LOUISVILLE KY 40202

Title AP  
Name SALZMAN, JONATHAN  
Address 300 FIFTH AVE.  
City-State-Zip: PITTSBURGH PA 15222-2401

Title MGR  
Name PNC ARHPF FUND 2 OPERATING COMPANY LLC  
Address 101 S. FIFTH ST, 7TH FLOOR  
City-State-Zip: LOUISVILLE KY 40202

Title MBR  
Name PNC ARHPF FUND 2 OPERATING COMPANY LLC  
Address 101 S. FIFTH ST, 7TH FLOOR  
City-State-Zip: LOUISVILLE KY 40202

*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:** JONATHAN SALZMAN

**AUTHORIZED PERSON**

**03/15/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date