2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000008240

Entity Name: CITY CENTER ON 7TH LESSEE, LLC

Current Principal Place of Business:

4582 S. ULSTER ST. SUITE 1700

DENVER, CO 80237

Current Mailing Address:

4582 S. ULSTER ST. SUITE 1700 DENVER, CO 80237 US

FEI Number: 87-1025383 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

FILED Apr 30, 2024

Secretary of State

0795144678CC

Authorized Person(s) Detail:

Title MEM Title AR

Name APARTMENT INCOME REIT, L.P. Name COHN, LISA R

Address 4582 S. ULSTER ST. SUITE 1700 Address 4582 S. ULSTER ST. SUITE 1700

City-State-Zip: DENVER CO 80237 City-State-Zip: DENVER CO 80237

Title AR Title AR

Name ORGAN, TONY Name DIAMOND, KENNETH

Address 4582 S. ULSTER ST. SUITE 1700 Address 4582 S. ULSTER ST. SUITE 1700

City-State-Zip: DENVER CO 80237 City-State-Zip: DENVER CO 80237

Title AR Title AR

Name BELDIN, PAUL Name SPRANG, MARTIN

Address 4582 S. ULSTER ST. SUITE 1700 Address 4582 S. ULSTER ST. SUITE 1700

City-State-Zip: DENVER CO 80237 City-State-Zip: DENVER CO 80237

Title AR Title ASST. SECRETARY

Name MOSHER, KEVIN Name FARMER, JOY

Address 4582 S. ULSTER ST. SUITE 1700 Address 4582 S. ULSTER ST. SUITE 1700

City-State-Zip: DENVER CO 80237 City-State-Zip: DENVER CO 80237

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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: JOY FARMER ASST. SECRETARY 04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

Title PRESIDENT Title VP

Name KIMMEL, KEITH M Name OLITE, CAROLE

Address 4582 S. ULSTER ST. SUITE 1700 Address 4582 S. ULSTER ST. SUITE 1700

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