2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000017216

Entity Name: FRIT FLORIDA, LLC

Current Principal Place of Business:

909 ROSE AVENUE, SUITE 200
NORTH BETHESDA, MD 20852

Current Mailing Address:

909 ROSE AVENUE, SUITE 200
NORTH BETHESDA, MD 20852 US

FEI Number: 52-0782497

FILED
Apr 16, 2025
Secretary of State
8402084241CC

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	ASSISTANT SECRETARY
Name	HOUGH, DARLENE M
Address	909 ROSE AVENUE, SUITE 200
City-State-Zip:	NORTH BETHESDA MD 20852

Title	EXEC. VP - CORPORATE
Name	BECKER, DAWN M
Address	909 ROSE AVENUE, SUITE 200
City-State-Zip:	NORTH BETHESDA MD 20852

Title	EXEC. VP - EASTERN REGION PRESIDENT
Name	SEHER, WENDY
Address	909 ROSE AVENUE, SUITE 200
City-State-Zip:	NORTH BETHESDA MD 20852

Title	VP - ASSET MANAGEMENT
Name	MELGARD, CHRISTIAN
Address	909 ROSE AVENUE, SUITE 200
City-State-Zip:	NORTH BETHESDA MD 20852

Title	SR. DIRECTOR, DEVELOPMENT
Name	MCGUIRL, CHRISTINE
Address	909 ROSE AVENUE, SUITE 200
City-State-Zip:	NORTH BETHESDA MD 20852

Title	VP - CONSTRUCTION
Name	DILLION, PATRICK
Address	909 ROSE AVENUE, SUITE 200
City-State-Zip:	NORTH BETHESDA MD 20852

Title	EXEC. VP -CHIEF FINANCIAL OFFICER AND TREASURER
Name	GUGLIELMONE, DANIEL
Address	909 ROSE AVENUE, SUITE 200
City-State-Zip:	NORTH BETHESDA MD 20852

Title	DIRECTOR, TENANT COORDINATION
Name	WHITACRE, AMY
Address	909 ROSE AVENUE, SUITE 200
City-State-Zip:	NORTH BETHESDA MD 20852

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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: DARLENE M. HOUGH ASSISTANT SECRETARY 04/16/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	PROJECT MANAGER, CONSTRUCTION & TENANT SERVICES
Name	MILES, ALEXANDRA
Address	909 ROSE AVENUE, SUITE 200
City-State-Zip:	NORTH BETHESDA MD 20852