

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M2200000183

**Entity Name:** CITY CENTER ON 7TH LESSOR, LLC

**Current Principal Place of Business:**

4582 S ULSTER ST  
STE 1700  
DENVER, CO 80237

**Current Mailing Address:**

4582 S ULSTER ST  
STE 1700  
DENVER, CO 80237 US

**FEI Number:** 87-4222759

**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 M  
Name APARTMENT INCOME REIT, L,P.  
Address 4582 S ULSTER ST STE 1700  
City-State-Zip: DENVER CO 80237

Title AP  
Name ORGAN, TONY  
Address 4582 S ULSTER ST STE 1700  
City-State-Zip: DENVER CO 80237

Title AP  
Name DIAMOND, KENNETH  
Address 4582 S ULSTER ST STE 1700  
City-State-Zip: DENVER CO 80237

Title AP  
Name COHN, LISA R  
Address 4582 S ULSTER ST STE 1700  
City-State-Zip: DENVER CO 80237

Title AP  
Name BELDIN, PAUL  
Address 4582 S ULSTER ST STE 1700  
City-State-Zip: DENVER CO 80237

Title ASST. SECRETARY  
Name FARMER, JOY  
Address 4582 S ULSTER ST  
SUITE 1700  
City-State-Zip: DENVER CO 80237

Title VP  
Name LIVELY, ETHAN  
Address 4582 S ULSTER ST  
SUITE 1700  
City-State-Zip: DENVER CO 80237

*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 FARME

**ASST SECRETARY**

**07/18/2023**

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

\_\_\_\_\_  
Date