

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M2300000197

Entity Name: TA FOUR LAKES FEE OWNER LLC

Current Principal Place of Business:

10100 SANTA MONICA BLVD., STE. 400
LOS ANGELES, CA 90067

Current Mailing Address:

10100 SANTA MONICA BLVD., STE.400
LOS ANGELES, CA 90067 US

FEI Number: 92-1501692

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 MBR
Name TA FOUR LAKES LAND PARTNERS
LLC
Address 10100 SANTA MONICA BLVD., STE.
400
City-State-Zip: LOS ANGELES CA 90067

Title PRESIDENT
Name HART, ROBERT E
Address 10100 SANTA MONICA BLVD., STE.
400
City-State-Zip: LOS ANGELES CA 90067

Title VP
Name SIEGMAN, TIMOTHY A
Address 10100 SANTA MONICA BLVD., STE.
400
City-State-Zip: LOS ANGELES CA 90067

Title VP
Name ENFIELD, MARK
Address 10100 SANTA MONICA BLVD., STE.
400
City-State-Zip: LOS ANGELES CA 90067

Title VP
Name FERRARI, MATT
Address 10100 SANTA MONICA BLVD., STE.
400
City-State-Zip: LOS ANGELES CA 90067

Title VP
Name HOCHMAN, NOAH
Address 10100 SANTA MONICA BLVD., STE.
400
City-State-Zip: LOS ANGELES CA 90067

Title VP
Name WARNER, TAMMI
Address 10100 SANTA MONICA BLVD., STE.
400
City-State-Zip: LOS ANGELES CA 90067

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: ROBERT E HART

PRESIDENT

04/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date