

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000048407

Entity Name: HPT ECLIPSE WEST GP, LLC

Current Principal Place of Business:

C/O HOUSING PRESERVATION TRUST
4020 PHILMONT DRIVE
MARIETTA, GA 30066

Current Mailing Address:

C/O HOUSING PRESERVATION TRUST
4020 PHILMONT DRIVE
MARIETTA, GA 30066 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
CORPORATION SERVICE COMPANY
1201 HAYS ST.
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: KYLE GRANT

04/03/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name BRADVAREVIC, MICHELE
Address C/O HOUSING PRESERVATION
TRUST
3470 HENDERSON DR
City-State-Zip: MALABAR FL 32950

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: MICHELE BRADVAREVIC

DIRECTOR

04/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date