

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000136444

Entity Name: BEACHLINE SOUTH RESIDENTIAL, LLC**Current Principal Place of Business:**4901 VINELAND ROAD
SUITE 450
ORLANDO, FL 32811**Current Mailing Address:**4901 VINELAND ROAD
SUITE 450
ORLANDO, FL 32811 US**FEI Number: NOT APPLICABLE****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:** JAY THOMPSON

04/23/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name LAND INNOVATIONS, LLC
Address 189 S. ORANGE AVENUE
SUITE 1110S
City-State-Zip: ORLANDO FL 32801

Title VP
Name CANDES, LESLIE
Address 4901 VINELAND ROAD
SUITE 450
City-State-Zip: ORLANDO FL 32811

Title ASSISTANT VICE PRESIDENT
Name DROOR, JONATHAN
Address 4901 VINELAND ROAD
SUITE 450
City-State-Zip: ORLANDO FL 32811

Title PRESIDENT
Name BASS, KEITH
Address 4901 VINELAND ROAD
SUITE 450
City-State-Zip: ORLANDO FL 32811

Title SECRETARY
Name HARRIS IV, ROBERT
Address 5335 WISCONSIN AVENUE, N.W.
SUITE 440
City-State-Zip: WASHINGTON, DC 20015

Title VP
Name BASELICE, DAVID
Address 4901 VINELAND ROAD
SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP
Name MANCHESTER, ELIZABETH
Address 4901 VINELAND ROAD
SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP
Name (GABE) MADLANG, RODOLFO
GABRIEL
Address 4901 VINELAND ROAD
SUITE 450
City-State-Zip: ORLANDO FL 32811

Continues on page 2

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 HARRIS IV**SECRETARY**

04/23/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

| | |
|-----------------|---------------------------------|
| Title | VP |
| Name | GRANEY, TIMOTHY |
| Address | 4901 VINELAND ROAD SUITE 450 |
| City-State-Zip: | ORLANDO FL 32811 |