

2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L17000113107

Entity Name: HANOVER SUNRISE RIDGE, LLC**Current Principal Place of Business:**18300 VON KARMAN AVE., SUITE 1000
IRVINE, CA 92612**Current Mailing Address:**18300 VON KARMAN AVE., SUITE 1000
IRVINE, CA 92612 US**FEI Number:** 37-1872158**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 MGR
Name HANOVER FAMILY BUILDERS, LLC
Address 18300 VON KARMAN AVE., SUITE 1000
City-State-Zip: IRVINE CA 92612

Title AUTHORIZED REPRESENTATIVE
Name PIVACH, STEPHEN
Address 2420 S. LAKEMONT AVENUE SUITE 450
City-State-Zip: ORLANDO FL 32814

Title AUTHORIZED REPRESENTATIVE
Name WHITE, KATHERINE
Address 2420 S. LAKEMONT AVENUE SUITE 450
City-State-Zip: ORLANDO FL 32814

Title AUTHORIZED REPRESENTATIVE
Name NYARIRI, FONTANE
Address 2420 S. LAKEMONT AVENUE SUITE 450
City-State-Zip: ORLANDO FL 32814

Title AUTHORIZED REPRESENTATIVE
Name WOCHNER, JEFF
Address 2420 S. LAKEMONT AVENUE SUITE 450
City-State-Zip: ORLANDO FL 32814

Title AUTHORIZED REPRESENTATIVE
Name DURKIN, TIMOTHY
Address 2420 S. LAKEMONT AVENUE SUITE 450
City-State-Zip: ORLANDO FL 32814

Title AUTHORIZED REPRESENTATIVE
Name CLEVINGER, CHAD
Address 2420 S. LAKEMONT AVENUE SUITE 450
City-State-Zip: ORLANDO FL 32814

Title AUTHORIZED REPRESENTATIVE
Name KAISER, DANIEL
Address 2420 S. LAKEMONT AVENUE SUITE 450
City-State-Zip: ORLANDO FL 32814

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: MIEK HARBUR**EVP, GENERAL COUNSEL 09/03/2025
& SECRETARY**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED REPRESENTATIVE
Name BAKEL, MEGAN
Address 2420 S. LAKEMONT AVENUE SUITE 450
City-State-Zip: ORLANDO FL 32814

Title AUTHORIZED REPRESENTATIVE
Name TYLER, CARISSA
Address 2420 S. LAKEMONT AVENUE SUITE 450
City-State-Zip: ORLANDO FL 32814

Title AUTHORIZED REPRESENTATIVE
Name MCFARLAND, DANIEL
Address 2420 S. LAKEMONT AVENUE SUITE 450
City-State-Zip: ORLANDO FL 32814

Title EVP, GENERAL COUNSEL & SECRETARY
Name HARBUR, MIEK
Address 18300 VON KARMAN AVE., SUITE 1000
City-State-Zip: IRVINE CA 92612