that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES KANE

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

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.

Authorized Person(s) Detail :

Title	MANAGER	Title	SENIOR VICE PRESIDENT
Name	ERP OPERATING LIMITED PARTNERSHIP	Name	KANE, JAMES
A -1-1		Address	591 WEST PUTNAM AVENUE
Address	591 WEST PUTNAM AVENUE	City-State-Zip:	GREENWICH CT 06830
City-State-Zip:	GREENWICH CT 06830		

2018 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M0600002471

Entity Name: SCG ATLAS TURTLE RUN, L.L.C.

Current Principal Place of Business:

591 WEST PUTNAM AVENUE GREENWICH, CT 06830

Current Mailing Address:

591 WEST PUTNAM AVENUE GREENWICH, CT 06830 US

FEI Number: 20-4795780

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

SIGNATURE:

Electronic Signature of Registered Agent

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 SENIOR VICE PRESIDENT 07/02/2018

Date

FILED Jul 02, 2018 Secretary of State CC3569366629

Date