

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000004086

**Entity Name:** ADMG ALTAMONTE PARTNERS, LLC**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:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** STANLEY J OLANDER JR

04/10/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name LANDMARK APARTMENT TRUST HOLDINGS LP  
Address 591 WEST PUTNAM AVENUE  
City-State-Zip: GREENWICH CT 06830

Title AMBR  
Name SOSS, BRIAN  
Address 591 WEST PUTNAM AVENUE  
City-State-Zip: GREENWICH CT 06830

Title AMBR  
Name POST, STEVEN  
Address 591 WEST PUTNAM AVENUE  
City-State-Zip: GREENWICH CT 06830

Title AUTHORIZED SIGNATORY  
Name JACKSON, KELLIE  
Address 591 WEST PUTNAM AVENUE  
City-State-Zip: GREENWICH CT 06830

Title AMBR  
Name AHLS, PAUL  
Address 591 WEST PUTNAM AVENUE  
City-State-Zip: GREENWICH CT 06830

Title AMBR  
Name PANZA, ANDRES  
Address 591 WEST PUTNAM AVENUE  
City-State-Zip: GREENWICH CT 06830

Title AMBR  
Name RUMMELL, HARRY  
Address 591 WEST PUTNAM AVENUE  
City-State-Zip: GREENWICH CT 06830

Title AUTHORIZED SIGNATORY  
Name O'DELL, LORIE  
Address 300 INTERNATIONAL PARKWAY STE 130  
City-State-Zip: HEATHROW FL 32746

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*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:** NICK ANTONOPOULOS**AUTHORIZED SIGNOR**

04/10/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title AUTHROIZED SIGNATORY  
Name HUNDLEY, RACHELLE  
Address 300 INTERNATIONALPARKWAY  
STE 130  
City-State-Zip: HEATHROW FL 32746

Title AUTHORIZED SIGNOR  
Name ANTONOPOULOS, NICK  
Address 591 WEST PUTNAM AVENUE  
City-State-Zip: GREENWICH CT 06830

Title AUTHORIZED SIGNATORY  
Name JONES, NELDA  
Address 1580 SAWGRASS CORPORATE  
PARKWAY  
STE 403  
City-State-Zip: SUNRISE FL 33323