

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000001485

**Entity Name:** CPT FLAGLER STATION II, LLC

**FILED**  
**Apr 16, 2021**  
**Secretary of State**  
**4549009855CC**

**Current Principal Place of Business:**

C/O AEW  
2 SEAPORT LANE  
BOSTON, MA 02210

**Current Mailing Address:**

C/O AEW  
2 SEAPORT LANE  
BOSTON, MA 02210 US

**FEI Number: 45-4765510**

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AUTHORIZED SIGNATORY  
Name BERGER, SETH E.  
Address C/O AEW  
2 SEAPORT LANE  
City-State-Zip: BOSTON MA 02210

Title AUTHORIZED SIGNATORY  
Name BRADLEY, DANIEL  
Address C/O AEW  
2 SEAPORT LANE  
City-State-Zip: BOSTON MA 02210

Title AUTHORIZED SIGNATORY  
Name MARTIN, JON E.  
Address C/O AEW  
2 SEAPORT LANE  
City-State-Zip: BOSTON MA 02210

Title AUTHORIZED SIGNATORY  
Name BELLERBY, CARRIE A.  
Address C/O AEW  
2 SEAPORT LANE  
City-State-Zip: BOSTON MA 02210

Title AUTHORIZED SIGNATORY  
Name FINNEGAN, JAMES J.  
Address C/O AEW  
2 SEAPORT LANE  
City-State-Zip: BOSTON MA 02210

Title AUTHORIZED SIGNATORY  
Name PLUMB, ROBERT  
Address C/O AEW  
2 SEAPORT LANE  
City-State-Zip: BOSTON MA 02210

Title AUTHORIZED SIGNATORY  
Name HERBST, PAMELA J.  
Address C/O AEW  
2 SEAPORT LANE  
City-State-Zip: BOSTON MA 02210

Title AUTHORIZED SIGNATORY  
Name FURBER, JEFFREY D.  
Address C/O AEW  
2 SEAPORT LANE  
City-State-Zip: BOSTON MA 02210

*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: JAMES J. FINNEGAN**

**AUTHORIZED  
SIGNATORY**

**04/16/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date