

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000002821

Entity Name: ICON DP WH ORLANDO OWNER POOL 5 GA/FL, LLC**Current Principal Place of Business:**602 W. OFFICE CENTER DRIVE
SUITE 200
FORT WASHINGTON, PA 19034**Current Mailing Address:**602 W. OFFICE CENTER DRIVE
SUITE 200
FORT WASHINGTON, PA 19034 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 32301-2525 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 MANAGING DIRECTOR AND VICE
 PRESIDENT

Name HOLTZMAN , JUSTIN

Address 345 PARK AVENUE

City-State-Zip: NEW YORK NY 10154

Title SENIOR MANAGING DIRECTOR AND
 VICE PRESIDENT

Name AGARWAL, A.J.

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Title SENIOR MANAGING DIRECTOR AND
 VICE PRESIDENT

Name COHEN, FRANK

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Title SENIOR MANAGING DIRECTOR AND
 VICE PRESIDENT

Name CUTAIA, GIOVANNI

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Title SENIOR MANAGING DIRECTOR AND
 VICE PRESIDENT

Name HARPER, ROBERT

Address 345 PARK AVENUE

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Title SENIOR MANAGING DIRECTOR AND
 VICE PRESIDENT

Name GIVENS, SUSAN

Address 345 PARK AVENUE

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Title SENIOR MANAGING DIRECTOR AND
 PRESIDENT

Name MCCARTHY, KATHLEEN

Address 345 PARK AVENUE

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Title SENIOR MANAGING DIRECTOR AND
 PRESIDENT

Name MEGHJI, NADEEM

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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: SONYA HUFFMAN**CHIEF ADMINISTRATIVE
OFFICER****04/05/2024**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date

Authorized Person(s) Detail Continued :

Title SENIOR MANAGING DIRECTOR AND VICE
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Name STEIN, WILLIAM J.
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PRESIDENT
Name WERNER, JACOB
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Name LEVINE, DAVID
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Name WIEBOLT, MICHAEL
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Name WU, ERIC
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Title MANAGING DIRECTOR AND VICE PRESIDENT
Name LIN, BRIAN
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CAPITAL MARKETS
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