

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000007155

Entity Name: HART MIRACLE MARKETPLACE, LLC**Current Principal Place of Business:**C/O HEITMAN CAPITAL MANAGEMENT LLC
191 NORTH WACKER DRIVE, STE. 2500
CHICAGO, IL 60606**Current Mailing Address:**C/O HEITMAN CAPITAL MANAGEMENT LLC
191 NORTH WACKER DRIVE, STE. 2500
CHICAGO, IL 60606 US**FEI Number:** 77-0672767**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 MGRM
Name HEITMAN AMERICA REAL ESTATE HOLDING, L.P.
Address C/O HEITMAN CAPITAL MANAGEMENT LLC
191 NORTH WACKER DRIVE, SUITE 2500
City-State-Zip: CHICAGO IL 60606

Title EVP, SECRETARY
Name MCCARTHY, THOMAS D
Address C/O HEITMAN CAPITAL MANAGEMENT LLC
191 NORTH WACKER DRIVE, STE. 2500
City-State-Zip: CHICAGO IL 60606

Title SVP
Name KRASS, AMY
Address C/O HEITMAN CAPITAL MANAGEMENT LLC
191 NORTH WACKER DRIVE, STE. 2500
City-State-Zip: CHICAGO IL 60606

Title PRESIDENT
Name TOGNARELLI, MAURY R
Address C/O HEITMAN CAPITAL MANAGEMENT LLC
191 NORTH WACKER DRIVE, STE. 2500
City-State-Zip: CHICAGO IL 60606

Title CFO, TREASURER, ASST. SECRETARY
Name CHRISTENSEN, LAWRENCE J
Address C/O HEITMAN CAPITAL MANAGEMENT LLC
191 NORTH WACKER DRIVE, STE. 2500
City-State-Zip: CHICAGO IL 60606

Title SVP
Name KELLY, TOM P
Address C/O HEITMAN CAPITAL MANAGEMENT LLC
191 NORTH WACKER DRIVE, STE. 2500
City-State-Zip: CHICAGO IL 60606

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: AMY KRASS**SENIOR VICE PRESIDENT** 04/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date