

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000001680

Entity Name: APARTMENTS AT SUNRISE, LLC**Current Principal Place of Business:**110 N WACKER DRIVE SUITE 4000
CHICAGO, IL 60606**Current Mailing Address:**110 N WACKER DRIVE SUITE 4000
CHICAGO, IL 60606 US**FEI Number:** 90-0946430**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT 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:** LUCY ROSE

04/03/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MEMBER AND MANAGER
Name PORTICO APARTMENTS INVESTOR, LLC
Address 110 N WACKER DRIVE STE 4000
City-State-Zip: CHICAGO IL 60606

Title PRESIDENT
Name TOGNARELLI, MAURY R
Address 110 N WACKER DRIVE STE 4000
City-State-Zip: CHICAGO IL 60606

Title VS
Name MCCARTHY, THOMAS D
Address 110 N WACKER DRIVE STE 4000
City-State-Zip: CHICAGO IL 60606

Title VT
Name CHRISTENSEN, LAWRENCE J
Address 110 N WACKER DRIVE STE 4000
City-State-Zip: CHICAGO IL 60606

Title VAS
Name PEREZ, CHRISTIAN
Address 110 N WACKER DRIVE STE 4000
City-State-Zip: CHICAGO IL 60606

Title VAS
Name FAWCETT, DWIGHT P
Address 110 N WACKER DRIVE STE 4000
City-State-Zip: CHICAGO IL 60606

Title VAT
Name GRAY, LYNNE M
Address 1801 HERMITAGE BLVD STE 100
City-State-Zip: TALLAHASSEE FL 32308

Title VAS
Name KELLY, THOMAS P
Address 110 N WACKER DRIVE STE 4000
City-State-Zip: CHICAGO IL 60606

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: MARIA TORRE

PROPERTY MANAGER

04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	VAS
Name	STAUFFER, JEFF
Address	1801 HERMITAGE BLVD STE 100
City-State-Zip:	TALLAHASSEE FL 32308