

2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M1400008534

Entity Name: MATTAMY JACKSONVILLE LLC

Current Principal Place of Business:

4901 VINELAND ROAD
SUITE 450
ORLANDO, FL 32811

Current Mailing Address:

4901 VINELAND ROAD
SUITE 450
ORLANDO, FL 32811 US

FEI Number: 47-2421943

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MANAGER
Name MATTAMY FLORIDA LLC
Address 4901 VINELAND ROAD
 SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP
Name BOLEN, CHARLES PHILIP
Address 4901 VINELAND ROAD
 SUITE 450
City-State-Zip: ORLANDO FL 32811

Title ASST. VP
Name VANADIA, CHELSEA C.
Address 4901 VINELAND ROAD
 SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP
Name NELSON, CLIFFORD L.
Address 4901 VINELAND ROAD
 SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP
Name MORRISON, DIANE
Address 4901 VINELAND ROAD
 SUITE 450
City-State-Zip: ORLANDO FL 32811

Title ASST. VP
Name THOMAS, JASON
Address 4901 VINELAND ROAD
 SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP
Name MCGUIRE, KATHLEEN M.
Address 4901 VINELAND ROAD
 SUITE 450
City-State-Zip: ORLANDO FL 32811

Title PRESIDENT
Name BASS, KEITH E.
Address 4901 VINELAND ROAD
 SUITE 450
City-State-Zip: ORLANDO FL 32811

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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: ROBERT A. HARRIS IV

SECRETARY

03/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name NIELSEN, LAUREL
Address 4901 VINELAND ROAD
SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP
Name SMITH, ORVILLE R.
Address 4901 VINELAND ROAD
SUITE 450
City-State-Zip: ORLANDO FL 32811

Title SECRETARY, VP
Name HARRIS, ROBERT A. IV
Address C/O HARRIS LAW FIRM, P.O. BOX 7474
City-State-Zip: RICHMOND VA 23221

Title VP
Name GRANEY, TIMOTHY P.
Address 4901 VINELAND ROAD
SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP
Name SWARTZ, NICOLE MARGINIAN
Address 4901 VINELAND ROAD
SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP
Name SQUIRES, PHILIP
Address 4901 VINELAND ROAD
SUITE 450
City-State-Zip: ORLANDO FL 32811

Title VP
Name JINKS, TARA
Address 4901 VINELAND ROAD
SUITE 450
City-State-Zip: ORLANDO FL 32811