

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000007545

**Entity Name:** PPF AMLI 5971 TOSCANA DRIVE GP, LLC

**Current Principal Place of Business:**

141 W. JACKSON BOULEVARD  
SUITE 300  
CHICAGO, IL 60604

**FILED**  
**Apr 16, 2024**  
**Secretary of State**  
**0076066397CC**

**Current Mailing Address:**

141 W. JACKSON BOULEVARD  
SUITE 300  
CHICAGO, IL 60604 US

**FEI Number:** 47-5075984

**Certificate of Status Desired:** No

**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:**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MBR	Title	AUTHORIZED MEMBER
Name	AMLI-ALLIANZ DAVIE REIT,LP.	Name	AMLI RESIDENTIAL PROPERTIES, L.P.
Address	141 W JACKSON BLVD SUITE 300	Address	141 W. JACKSON BOULEVARD SUITE 300
City-State-Zip:	CHICAGO IL 60604	City-State-Zip:	CHICAGO IL 60604
Title	ASST. SECRETARY	Title	SECRETARY
Name	MARTENS, JULIE	Name	EVANGELOU, ALINA
Address	141 W. JACKSON BOULEVARD SUITE 300	Address	141 W. JACKSON BOULEVARD SUITE 300
City-State-Zip:	CHICAGO IL 60604	City-State-Zip:	CHICAGO IL 60604
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	ROSS, STEPHEN C	Name	THOMSON, MATTHEW
Address	141 W. JACKSON BOULEVARD SUITE 300	Address	888 EAST LAS OLAS BOULEVARD STE 601
City-State-Zip:	CHICAGO IL 60604	City-State-Zip:	FORT LAUDERDALE FL 33301
Title	AUTHORIZED REPRESENTATIVE		
Name	RICE, ALICIA		
Address	888 EAST LAS OLAS BOULEVARD STE 601		
City-State-Zip:	FORT LAUDERDALE FL 33301		

*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:** JULIE MARTENS

**ASSISTANT SECRETARY** 04/16/2024

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

\_\_\_\_\_  
Date