

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000008453

Entity Name: 5201-5301 WATERFORD GENERAL PARTNER LLC**Current Principal Place of Business:**730 THIRD AVENUE
NEW YORK, NY 10017**Current Mailing Address:**730 THIRD AVENUE
NEW YORK, NY 10017 US**FEI Number:** 47-5642524**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	MBR
Name	WATERFORD BLUE LAGOON REIT LP
Address	730 THIRD AVENUE
City-State-Zip:	NEW YORK NY 10017

Title	ASST. SECRETARY
Name	RAMOS, JANET
Address	730 THIRD AVENUE
City-State-Zip:	NEW YORK NY 10017

Title	AUTHORIZED REPRESENTATIVE
Name	CORNUKE, JOHN
Address	730 THIRD AVENUE
City-State-Zip:	NEW YORK NY 10017

Title	PRESIDENT
Name	MCGIBBON, G. CHRISTOPHER
Address	730 THIRD AVENUE
City-State-Zip:	NEW YORK NY 10017

Title	SECRETARY
Name	AGARD, WAYNE
Address	730 THIRD AVENUE
City-State-Zip:	NEW YORK NY 10017

Title	ASST. SECRETARY
Name	COHEN, DONNA
Address	730 THIRD AVENUE
City-State-Zip:	NEW YORK NY 10017

Title	AUTHORIZED REPRESENTATIVE
Name	RUSSO, CHARLES C.
Address	730 THIRD AVENUE
City-State-Zip:	NEW YORK NY 10017

Title	ASST. SECRETARY
Name	MCHUGH, MARIA
Address	730 THIRD AVENUE
City-State-Zip:	NEW YORK NY 10017

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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: WAYNE AGARD**SECRETARY****04/24/2025**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED REPRESENTATIVE
Name ADAMS, CHRISTOPHER C.
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title CONTROLLER
Name REDICAN, ROBERT
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED SIGNER
Name WATERS, KATE
Address 8500 ANDREW CARNEGIE BLVD.
City-State-Zip: CHARLOTTE NC 28262

Title AUTHORIZED SIGNER
Name PFLAUM, LAURY
Address 14055 RIVEREDGE DRIVE
City-State-Zip: TAMPA FL 33637

Title AUTHORIZED REPRESENTATIVE
Name ROLLINS, TODD
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title ASST. SECRETARY
Name WEINDLING, FRANCESCA
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED SIGNER
Name CLARK, KATHY
Address 75 ISHAM ROAD
City-State-Zip: WEST HARTFORD CT 06107