

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1600003205

Entity Name: SHI-III WSL PORT ST. LUCIE OPERATOR, LLC

Current Principal Place of Business:

C/O AEW
2 SEAPORT LANE 15TH FLOOR
BOSTON, MA 02210

Current Mailing Address:

C/O AEW
2 SEAPORT LANE 15TH FLOOR
BOSTON, MA 02210 US

FEI Number: 81-2266888

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 AUTHORIZED SIGNATORY
Name FURBER, JEFFREY D.
Address C/O AEW
2 SEAPORT LANE 15TH FLOOR
City-State-Zip: BOSTON MA 02210

Title AUTHORIZED SIGNATORY
Name HERBST, PAMELA J.
Address C/O AEW
2 SEAPORT LANE 15TH FLOOR
City-State-Zip: BOSTON MA 02210

Title AUTHORIZED SIGNATORY
Name FINNEGAN, JAMES J.
Address C/O AEW
2 SEAPORT LANE 15TH FLOOR
City-State-Zip: BOSTON MA 02210

Title AUTHORIZED SIGNATORY
Name PLUMB, ROBERT
Address C/O AEW
2 SEAPORT LANE 15TH FLOOR
City-State-Zip: BOSTON MA 02210

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: JAMES J. FINNEGAN

AUTHORIZED SIGNATOR 04/17/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date