2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2020
Secretary of State
2699902852CC

DOCUMENT# M18000004184

Entity Name: ARDEN VILLAS APARTMENTS LLC

Current Principal Place of Business:

730 THIRD AVE.
MS 730/12/02
NEW YORK, NY 10017

Current Mailing Address:

730 THIRD AVE.
MS 730/12/02
NEW YORK, NY 10017 US

FEI Number: 82-4493744

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	SOLE MEMBER
Name	CASA GRANDE INVESTMENTS I LLC
Address	730 THIRD AVE.
City-State-Zip:	NEW YORK NY 10017

Title	AUTHORIZED SIGNER
Name	TU, LEX
Address	4675 MACARTHUR COURT SUITE 1100
City-State-Zip:	NEWPORT BEACH CA 92660

Title	AUTHORIZED SIGNER
Name	RICHARD, ALPHIE J.
Address	ONE FINANCIAL PLAZA SUITE 1960
City-State-Zip:	HARTFORD CT 06103

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

Title	AUTHORIZED SIGNER
Name	ROMAN-BROOKS, OLGA
Address	ONE FINANCIAL PLAZA SUITE 1960
City-State-Zip:	HARTFORD CT 06103

Title	AUTHORIZED SIGNER
Name	SAYERS, THOMAS
Address	ONE FINANCIAL PLAZA SUITE 1960
City-State-Zip:	HARTFORD CT 06103

Title	AUTHORIZED SIGNER
Name	BURNEO, CARLOS
Address	501 BRICKELL KEY DRIVE SUITE 504
City-State-Zip:	MIAMI FL 33131

Title	AUTHORIZED SIGNER
Name	CLARK, KATHLEEN
Address	ONE FINANCIAL PLAZA SUITE 1960
City-State-Zip:	HARTFORD CT 06103

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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: MARTINA DAVIS SECRETARY 05/05/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	AUTHORIZED SIGNER
Name	CHOR, MICHAEL
Address	333 W. WACKER DRIVE
City-State-Zip:	CHICAGO IL 60606

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

Title	VICE PRESIDENT
Name	SCHWAAB, MICHAEL
Address	333 W WACKER DRIVE
City-State-Zip:	CHICAGO IL 60606