

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000004415

Entity Name: CPI LOWE'S CITY MHP OWNER, L.L.C.**Current Principal Place of Business:**1001 PENNSYLVANIA AVE NW
SUITE 220 SOUTH
WASHINGTON, DC 20004**Current Mailing Address:**1001 PENNSYLVANIA AVE NW
SUITE 220 SOUTH
WASHINGTON, DC 20004 US**FEI Number:** 82-5300998**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 | MEMBER | Title | AUTHORIZED REPRESENTATIVE |
| Name | CPI LOWE'S CITY OWNER, L.L.C. | Name | DANIEL, DAVID B |
| Address | 1001 PENNSYLVANIA AVE NW SUITE 220 SOUTH | Address | 1001 PENNSYLVANIA AVE NW SUITE 220 SOUTH |
| City-State-Zip: | WASHINGTON DC 20004 | City-State-Zip: | WASHINGTON DC 20004 |
| | | | |
| Title | AUTHORIZED REPRESENTATIVE | | |
| Name | JENKINS, SCOTT | | |
| Address | 1001 PENNSYLVANIA AVE NW SUITE 220 SOUTH | | |
| City-State-Zip: | WASHINGTON DC 20004 | | |

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: CPI LOWE'S CITY OWNER, L.L.C.

MEMBER

04/06/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date