

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000004415

**Entity Name:** CPI LOWE'S CITY MHP OWNER, L.L.C.

**Current Principal Place of Business:**

555 MISSION STREET  
SAN FRANCISCO, CA 94105

**Current Mailing Address:**

555 MISSION STREET  
SAN FRANCISCO, CA 94105 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            SOLE MEMBER  
Name            WH MH HOLDCO, L.L.C.  
Address        555 MISSION STREET  
City-State-Zip: SAN FRANCISCO CA 94105

Title            AUTHORIZED PERSON  
Name            WILLIAMS, JAMES  
Address        555 MISSION STREET  
City-State-Zip: SAN FRANCISCO CA 94105

Title            AUTHORIZED PERSON  
Name            EPPS, SARAH  
Address        555 MISSION STREET  
City-State-Zip: SAN FRANCISCO CA 94105

Title            AUTHORIZED PERSON  
Name            LEVY, THOMAS  
Address        555 MISSION STREET  
City-State-Zip: SAN FRANCISCO CA 94105

*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:** STACY M. WEINER

**AUTHORIZED SIGNOR**

**04/24/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date