2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000008356

Entity Name: PPF AMLI JOYA GP, LLC

Current Principal Place of Business:

141 W JACKSON BLVD, SUITE 300

CHICAGO, IL 60604

Current Mailing Address:

C/O AMLI RESIDENTIAL PROPERTIES, L.P. 141 W JACKSON BLVD. SUITE 300 CHICAGO, IL 60604 US

FEI Number: 36-4911051 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:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title AMBR Title ASST. SECRETARY Name AMLI RESIDENTIAL PROPERTIES, L.P. Name MARTENS, JULIE

Address 141 W JACKSON BLVD, STE 300 Address 141 W JACKSON BLVD, SUITE 300

City-State-Zip: CHICAGO IL 60604 City-State-Zip: CHICAGO IL 60604

AUTHORIZED REPRESENTATIVE SECRETARY Title Title

Name ROSS, STEPHEN C Name SPARROW, CHARLOTTE A

141 W JACKSON BLVD, SUITE 300 Address 141 W JACKSON BLVD, SUITE 300 Address

City-State-Zip: CHICAGO IL 60604 City-State-Zip: CHICAGO IL 60604

Title AUTHORIZED REPRESENTATIVE Title AUTHORIZED REPRESENTATIVE

Name RICE, ALICIA THOMSON, MATTHEW Name

888 EAST LAS OLAS BOULEVARD Address 888 EAST LAS OLAS BOULEVARD Address

STE 601 STF 601

City-State-Zip: FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 City-State-Zip:

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: LORENA MONTENEGRO

AUTHORIZED PERSON

04/28/2021

FILED Apr 28, 2021

Secretary of State

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