

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000009970

Entity Name: BERKADIA AFFORDABLE TAX CREDIT SOLUTIONS LLC**Current Principal Place of Business:**2 LIBERTY PLACE, 50 S. 16TH STREET
SUITE 2825
PHILADELPHIA, PA 19102**Current Mailing Address:**2 LIBERTY PLACE, 50 S. 16TH STREET
SUITE 2825
PHILADELPHIA, PA 19102 US**FEI Number:** 26-0838758**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	MANAGER
Name	WHEELER, JUSTIN
Address	2 LIBERTY PLACE, 50 S. 16TH STREET SUITE 2825
City-State-Zip:	PHILADELPHIA PA 19102

Title	MANAGER
Name	O'DONNELL, JOHN J
Address	2 LIBERTY PLACE, 50 S. 16TH STREET SUITE 2825
City-State-Zip:	PHILADELPHIA PA 19102

Title	AUTHORIZED MEMBER
Name	ZEBIN, DONNA
Address	2 LIBERTY PLACE, 50 S. 16TH STREET SUITE 2825
City-State-Zip:	PHILADELPHIA PA 19102

Title	MANAGER
Name	JENSON, RANDALL L
Address	2 LIBERTY PLACE, 50 S. 16TH STREET SUITE 2825
City-State-Zip:	PHILADELPHIA PA 19102

Title	MANAGER
Name	PURCELL, JOSEPH F
Address	2 LIBERTY PLACE, 50 S. 16TH STREET SUITE 2825
City-State-Zip:	PHILADELPHIA PA 19102

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: ZEBIN, DONNA**AUTHORIZED PERSON****02/25/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date