

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000012283

**Entity Name:** FULTONBSH LNFL I, LLC**Current Principal Place of Business:**ONE PRESIDENTIAL BOULEVARD SUITE 201  
BALA CYNWYD, PA 19004**Current Mailing Address:**ONE PRESIDENTIAL BOULEVARD SUITE 201  
BALA CYNWYD, PA 19004 US**FEI Number:** 87-2311957**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	MEM
Name	LAKENONAFLL GP, LLC
Address	ONE PRESIDENTIAL BOULEVARD SUITE 201
City-State-Zip:	BALA CYNWYD PA 19004

Title	MANAGER
Name	THACKER , GEORGE
Address	ONE PRESIDENTIAL BOULEVARD SUITE 201
City-State-Zip:	BALA CYNWYD PA 19004

Title	MANAGER
Name	KAPLAN, LARRY
Address	ONE PRESIDENTIAL BOULEVARD SUITE 201
City-State-Zip:	BALA CYNWYD PA 19004

Title	MANAGER
Name	SCHONTZ, RICHARD
Address	ONE PRESIDENTIAL BOULEVARD SUITE 201
City-State-Zip:	BALA CYNWYD PA 19004

*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:** JESSICA MOLLOY**POWER OF ATTORNEY****04/15/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date