

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000015694

Entity Name: 100 CAROLINA LAKE AVENUE (FL) OWNER LLC

Current Principal Place of Business:

233 S. WACKER DRIVE, SUITE 4700
CHICAGO, IL 60606

Current Mailing Address:

233 S. WACKER DRIVE, SUITE 4700
CHICAGO, IL 60606 US

FEI Number: 81-3506451

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 SENIOR MANAGING DIRECTOR AND VICE PRESIDENT
Name AGARWAL, A.J.
Address 345 PARK AVENUE
City-State-Zip: NEW YORK NY 10154

Title SENIOR MANAGING DIRECTOR AND VICE PRESIDENT
Name BERNSTEIN, RON
Address 345 PARK AVENUE
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Title SENIOR MANAGING DIRECTOR AND VICE PRESIDENT
Name COHEN, FRANK
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Title SENIOR MANAGING DIRECTOR AND VICE PRESIDENT
Name CUTAIA, GIOVANNI
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Title SENIOR MANAGING DIRECTOR AND VICE PRESIDENT
Name HAMID, ASIM
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Title SENIOR MANAGING DIRECTOR AND VICE PRESIDENT
Name HARPER, ROBERT
Address 345 PARK AVENUE
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Title SENIOR MANAGING DIRECTOR AND PRESIDENT
Name MCCARTHY, KATHLEEN
Address 345 PARK AVENUE
City-State-Zip: NEW YORK NY 10154

Title SENIOR MANAGING DIRECTOR AND PRESIDENT
Name MEGHJI, NADEEM
Address 345 PARK AVENUE
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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: JOSEPH VALANE

ASSISTANT SECRETARY 04/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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