

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000001752

Entity Name: ILPT 4S ORLANDO LLC**Current Principal Place of Business:**TWO NEWTON PLACE
255 WASHINGTON ST STE 300
NEWTON, MA 02458**Current Mailing Address:**TWO NEWTON PLACE
255 WASHINGTON ST STE 300
NEWTON, MA 02458 US**FEI Number:** 88-2028441**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 MANAGER, DIRECTOR
Name PORTNOY, ADAM D.
Address TWO NEWTON PLACE
255 WASHINGTON ST
City-State-Zip: NEWTON MA 02458

Title MANAGER, DIRECTORS
Name JORDAN, MATTHEW P.
Address TWO NEWTON PLACE
255 WASHINGTON ST
City-State-Zip: NEWTON MA 02458

Title CHIEF FINANCIAL OFFICER &
TREASURER
Name SY, TIFFANY R
Address TWO NEWTON PLACE
255 WASHINGTON ST STE 300
City-State-Zip: NEWTON MA 02458

Title PRESIDENT, COO
Name DUFFY, Yael
Address TWO NEWTON PLACE
255 WASHINGTON ST STE 300
City-State-Zip: NEWTON MA 02458

Title SECRETARY
Name CLARK, JENNIFER B.
Address TWO NEWTON PLACE
255 WASHINGTON ST STE 300
City-State-Zip: NEWTON MA 02458

Title ASST. SECRETARY
Name ANDERSON, JACQUELYN S.
Address TWO NEWTON PLACE
255 WASHINGTON ST STE 300
City-State-Zip: NEWTON MA 02458

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: TIFFANY R. SY**CFO & TREASURER****01/27/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date