

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000002271

**Entity Name:** ILPT MIAMI LLC

**Current Principal Place of Business:**

TWO NEWTON PLACE  
255 WASHINGTON STREET  
NEWTON, MA 02458

**Current Mailing Address:**

TWO NEWTON PLACE  
255 WASHINGTON STREET  
NEWTON, MA 02458 US

**FEI Number:** 88-2027975

**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  
Name           DUFFY, YAEL  
Address        TWO NEWTON PLACE  
                  255 WASHINGTON STREET  
City-State-Zip: NEWTON MA 02458

Title           MANAGER  
Name           DONLEY, BRIAN E.  
Address        TWO NEWTON PLACE  
                  255 WASHINGTON STREET  
City-State-Zip: NEWTON MA 02458

Title           MGR  
Name           JORDAN, MATTHEW P  
Address        TWO NEWTON PLACE  
                  255 WASHINGTON STREET  
City-State-Zip: NEWTON MA 02458

Title           MGR  
Name           PORTNOY, ADAM D  
Address        TWO NEWTON PLACE  
                  255 WASHINGTON STREET  
City-State-Zip: NEWTON MA 02458

Title           MANAGER  
Name           CLARK, JENNIFER B.  
Address        TWO NEWTON PLACE  
                  255 WASHINGTON STREET  
City-State-Zip: NEWTON MA 02458

Title           MANAGER  
Name           ANDERSON , JACQUELYN S.  
Address        TWO NEWTON PLACE  
                  255 WASHINGTON STREET  
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:** BRIAN DONLEY

**CFO**

**04/29/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date