

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000002821

**Entity Name:** PPF AMLI 180 NE 29TH STREET, LLC

**Current Principal Place of Business:**

141 WEST JACKSON BLVD, STE 300  
CHICAGO, IL 60604

**Current Mailing Address:**

141 WEST JACKSON BLVD, STE 300  
CHICAGO, IL 60604 US

**FEI Number:** 88-0531746

**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 AMLI RESIDENTIAL PROPERTIES, L.P.  
Address 141 WEST JACKSON BLVD, STE 300  
City-State-Zip: CHICAGO IL 60604

Title SECRETARY  
Name EVANGELOU, ALINA  
Address 141 WEST JACKSON BLVD, STE 300  
City-State-Zip: CHICAGO IL 60604

Title AS  
Name MARTENS, JULIE  
Address 141 WEST JACKSON BLVD, STE 300  
City-State-Zip: CHICAGO IL 60604

Title AP  
Name ROSS, STEPHEN  
Address 141 WEST JACKSON BLVD, STE 300  
City-State-Zip: CHICAGO IL 60604

Title AP  
Name RICE, ALICIA  
Address 888 EAST LAST OLAS BOULEVARD  
STE 601  
City-State-Zip: FORT LAUDERDALE FL 33301

Title AP  
Name THOMSON, MATTHEW  
Address 888 EAST LAST OLAS BOULEVARD  
STE 601  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** JULIE MARTENS

**ASSISTANT SECRETARY** 04/12/2024

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

\_\_\_\_\_  
Date