## 2023 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

#### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US Secretary of State 3823321498CC

Date

Certificate of Status Desired: No

FILED Mar 20, 2023

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

## Authorized Person(s) Detail :

Autionzeu Person(s) Detail.				
	Title	MEM	Title	SECRETARY
	Name	AMLI RESIDENTIAL PROPERTIES, L.P.	Name	EVANGELOU, ALINA
	Address	141 WEST JACKSON BLVD, STE 300	Address	141 WEST JACKSON BLVD, STE 300
	City-State-Zip:	CHICAGO IL 60604	City-State-Zip:	CHICAGO IL 60604
	Title	AS	Title	AP
	Name	MARTENS, JULIE	Name	ROSS, STEPHEN
	Address	141 WEST JACKSON BLVD, STE 300	Address	141 WEST JACKSON BLVD, STE 300
	City-State-Zip:	CHICAGO IL 60604	City-State-Zip:	CHICAGO IL 60604
	Title	AP	Title	AP
	Name	RICE, ALICIA	Name	THOMSON, MATTHEW
	Address	888 EAST LAST OLAS BOULEVARD STE 601	Address	888 EAST LAST OLAS BOULEVARD STE 601
	City-State-Zip:	FORT LAUDERDALE FL 33301	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 03/20/2023

Electronic Signature of Signing Authorized Person(s) Detail