

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M24000009512

Entity Name: 908 - PORTMAN (TALLAHASSEE I) DEVELOPER, LLC

Current Principal Place of Business:

303 PEACHTREE CENTER AVE NE
SUITE 575
ATLANTA, GA 30303

Current Mailing Address:

303 PEACHTREE CENTER AVE NE
SUITE 575
ATLANTA, GA 30303 US

FEI Number: NOT APPLICABLE

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 AUTHORIZED SIGNER
Name PORTMAN, JOHN C. IV
Address 303 PEACHTREE CENTER AVE NE
SUITE 575
City-State-Zip: ATLANTA GA 30303

Title AUTHORIZED PERSON
Name BAISIWALA, AMBRISH
Address 303 PEACHTREE CENTER AVE NE
SUITE 575
City-State-Zip: ATLANTA GA 30303

Title AUTHORIZED PERSON
Name GREENWAY, S. JEFFFERSON
Address 303 PEACHTREE CENTER AVE NE
SUITE 575
City-State-Zip: ATLANTA GA 30303

Title AUTHORIZED PERSON
Name STAVICH, STEVEN
Address 303 PEACHTREE CENTER AVE NE
SUITE 575
City-State-Zip: ATLANTA GA 30303

Title AUTHORIZED PERSON
Name BARTON, MICHELLE
Address 303 PEACHTREE CENTER AVE NE
SUITE 575
City-State-Zip: ATLANTA GA 30303

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: JOHN C. PORTMAN IV

AUTHORIZED SIGNER

04/07/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date