

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000544

Entity Name: CSX REALTY DEVELOPMENT, LLC**Current Principal Place of Business:**500 WATER STREET
JACKSONVILLE, FL 32202**Current Mailing Address:**500 WATER STREET
C-160
JACKSONVILLE, FL 32202 US**FEI Number:** 58-1251206**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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 MANAGER
Name BONGIOVANNI, KIM R.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title VP, TREASURER
Name SLATER, WILLIAM D
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title MANAGER, GENERAL MANAGER
Name BOTTOMLEY, CHRISTINA W.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title MANAGER
Name SCHULTE, DAVID J.
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY
Name BURNS, MICHAEL S
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

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: MICHAEL S. BURNS**CORPORATE
SECRETARY****05/01/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date