

**2022 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M99000002084

**Entity Name:** MHC CARRIAGE COVE, L.L.C.

**Current Principal Place of Business:**

TWO NORTH RIVERSIDE PLAZA, SUITE 800  
CHICAGO, IL 60606

**Current Mailing Address:**

TWO NORTH RIVERSIDE PLAZA, SUITE 800  
CHICAGO, IL 60606

**FEI Number:** 36-4330454

**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	MEMBER	Title	EVP, CHIEF LEGAL OFFICER AND CORPORATE SECRETARY
Name	MHC OPERATING LIMITED PARTNERSHIP	Name	ELDERSVELD, DAVID
Address	TWO NORTH RIVERSIDE PLAZA, SUITE 800	Address	TWO NORTH RIVERSIDE PLAZA, SUITE 800
City-State-Zip:	CHICAGO IL 60606	City-State-Zip:	CHICAGO IL 60606
Title	CEO, PRESIDENT	Title	EVP, CFO
Name	NADER , MARGUERITE	Name	SEAVEY , PAUL
Address	TWO NORTH RIVERSIDE PLAZA, SUITE 800	Address	TWO NORTH RIVERSIDE PLAZA, SUITE 800
City-State-Zip:	CHICAGO IL 60606	City-State-Zip:	CHICAGO IL 60606
Title	SENIOR VICE PRESIDENT	Title	SENIOR VICE PRESIDENT
Name	BUNCE , RONALD	Name	HATTEL , BRETT
Address	TWO NORTH RIVERSIDE PLAZA, SUITE 800	Address	TWO NORTH RIVERSIDE PLAZA, SUITE 800
City-State-Zip:	CHICAGO IL 60606	City-State-Zip:	CHICAGO IL 60606
Title	SENIOR VICE PRESIDENT	Title	SENIOR VICE PRESIDENT
Name	WILKINS , DOUGLAS	Name	MARTIN , STANLEY
Address	TWO NORTH RIVERSIDE PLAZA, SUITE 800	Address	TWO NORTH RIVERSIDE PLAZA, SUITE 800
City-State-Zip:	CHICAGO IL 60606	City-State-Zip:	CHICAGO IL 60606

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*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:** EVP, CHIEF LEGAL OFFICER AND CORPORATE SECRETARY

ELDERSVELD , DAVID

06/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title VP  
Name BUTLER , DONALD EVERRETT II  
Address TWO NORTH RIVERSIDE PLAZA, SUITE 800  
City-State-Zip: CHICAGO IL 60606

Title VP  
Name FORBES , DARRIN  
Address TWO NORTH RIVERSIDE PLAZA,  
SUITE 800  
City-State-Zip: CHICAGO IL 60606