

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000004781

Entity Name: MASTER LESSEE LOFTON PLACE LLC**Current Principal Place of Business:**600 NORTHLAKE BLVD.
SUITE 130
ALTAMONTE SPRINGS, FL 32701**Current Mailing Address:**600 NORTHLAKE BLVD.
SUITE 130
ALTAMONTE SPRINGS, FL 32701 US**FEI Number:** 83-4609049**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LACKEY, VICTORIA
600 NORTHLAKE BLVD.
SUITE 130
ALTAMONTE SPRINGS, FL 32701 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:** VICTORIA LACKEY

04/13/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AP
Name	RIJNBOUT, ERIK
Address	TWO INTERNATIONAL PLACE 27TH FLOOR
City-State-Zip:	BOSTON MA 02111

Title	AP
Name	SCOTTON, NANCY
Address	TWO INTERNATIONAL PLACE 27TH FLOOR
City-State-Zip:	BOSTON MA 02110

Title	AP
Name	MERRIGAN, PETER
Address	TWO INTERNATIONAL PLACE 27TH FLOOR
City-State-Zip:	BOSTON FL 02110

Title	AUTHORIZED REPRESENTATIVE
Name	LACKEY, VICTORIA
Address	600 NORTHLAKE BLVD. SUITE 130
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

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: NANCY SCOTTON

AP

04/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date