

Filed
Secretary of State
State of Washington
Date Filed: 08/21/2024
Effective Date: 08/21/2024

UBI #: 604 828 419

# **Annual Report**

#### **BUSINESS INFORMATION**

**Business Name:** 

AHI BORROWER, LP

UBI Number: **604 828 419** 

Business Type:

FOREIGN LIMITED PARTNERSHIP

**Business Status:** 

ACTIVE

Principal Office Street Address:

280 PILOT RD STE 200, LAS VEGAS, NV, 89119-3532, UNITED STATES

Principal Office Mailing Address:

280 PILOT RD STE 200, LAS VEGAS, NV, 89119-3532

Expiration Date:

10/31/2025

Jurisdiction:

UNITED STATES, DELAWARE

Formation/Registration Date:

10/27/2021

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

REAL ESTATE

REGISTERED AGENT RCW 23.95.410

Registered Agent Name Street Address Mailing Address

C T CORPORATION 711 CAPITOL WAY S STE 204, OLYMPIA, WA, 711 CAPITOL WAY S STE 204, OLYMPIA, WA,

SYSTEM 98501-1267, UNITED STATES 98501-1267, UNITED STATES

PRINCIPAL OFFICE

Phone:

877-888-1245

Email:

CLS-CTARMSEVIDENCE@WOLTERSKLUWER.COM

Street Address:

280 PILOT RD STE 200, LAS VEGAS, NV, 89119-3532, USA

Mailing Address:

280 PILOT RD STE 200, LAS VEGAS, NV, 89119-3532, USA

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Title	Туре	Entity Name	First Name	Last Name						
GOVERNOR	ENTITY	AHI BORROWER GP, LLC								
NATURE OF BUSI	NATURE OF BUSINESS									
• REAL ESTA	ATE									
EFFECTIVE DATE	<u> </u>									
Effective Date: <b>08/21/2024</b>										
CONTROLLING IN	NTEREST									
- No 2. In the past 12 mo - No	onths, has there been a	operty in Washington, such as land or building transfer of at least 16-2/3 percent of the over the sthere been a transfer of controlling interests.	wnership, stock, or other financia	l interest in the entity?						
3. If you answered ' - No	'Yes" to question 2a, h	as a controlling interest transfer return beer	n filed with the Department of Re	evenue?						
You <b>must</b> submit a G	Controlling Interest Tr	ansfer Return form if you answered "yes" to	o questions 1 and 2a.							
Failure to report a Co	ontrolling Interest Tra	nsfer is subject to penalty provisions of RC	W 82.45.220.							
For more informatio	n on Controlling Inte	rest, visit www.dor.wa.gov/REET.								
RETURN ADDRES	SS FOR THIS FILIN	G								
Attention: Email: Address:										
	NAL DOCUMENTS									
	nal documents to uplo	ad? - <b>No</b>								
EMAIL OPT-IN										
	s box, I hereby opt into ive paper notifications	o receiving all notifications from the Secret.	ary of State for this entity via em	ail only. I acknowledge that						
AUTHORIZED PE	RSON									
I am an authoriz	zed person.									
Person Type: INDIVIDUAL										
First Name:										

#### BENJAMIN

Last Name:

### WEDI KATAKO

Title:

## POWER OF ATTORNEY

This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.