

Filed Secretary of State State of Washington Date Filed: 07/02/2024 Effective Date: 07/02/2024

UBI#: 604 252 189

EXPRESS ANNUAL REPORT WITHOUT CHANGES

S INFORMA	

Business Name:

2018-2 IH BORROWER LP

UBI Number: **604 252 189**

Business Type:

FOREIGN LIMITED PARTNERSHIP

Business Status:

ACTIVE

Principal Office Street Address:

1717 MAIN STREET, SUITE 2000, DALLAS, TX, 75201, UNITED STATES

Principal Office Mailing Address:

1717 MAIN STREET, SUITE 2000, DALLAS, TX, 75201, UNITED STATES

Expiration Date:

04/30/2025

Jurisdiction:

UNITED STATES, DELAWARE

Formation/Registration Date:

04/16/2018

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

PROPERTY MANAGEMENT

REGISTERED AGENT RCW 23.95.410

Registered Agent Name Street Address Mailing Address

CORPORATION SERVICE 300 DESCHUTES WAY SW STE 208 MC-CSC1, COMPANY TUMWATER, WA, 98501, UNITED STATES 300 DESCHUTES WAY SW STE 208 MC-CSC1, TUMWATER, WA, 98501, UNITED STATES

GOVERNORS

Title Type Entity Name First Name Last Name

GOVERNOR ENTITY 2018-2 IH BORROWER GP LLC

CONTROLLING INTEREST

- 1. Does this entity own (hold title) real property in Washington, such as land or buildings, including leasehold improvements?
- No
- 2. In the past 12 months, has there been a transfer of at least 16-2/3 percent of the ownership, stock, or other financial interest in the entity?
- No
- a. If "Yes", in the **past 36 months**, has there been a transfer of controlling interest (50 percent or greater) of the ownership, stock, or other financial interest in the entity?
- No
- 3. If you answered "Yes" to question 2a, has a controlling interest transfer return been filed with the Department of Revenue?
- No

You must submit a Controlling Interest Transfer Return form if you answered "yes" to questions 1 and 2a.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220.

For more information on Controlling Interest, visit www.dor.wa.gov/REET.

CONFIRMATION EMAIL ADDRESS

Note: Please enter in the email address you would like confirmation sent of this annual report and payment receipt.

Email Address:

ENTITY@INVITATIONHOMES.COM

AUTHORIZED PERSON

Person Type:

INDIVIDUAL

First Name:

MARK

Last Name:

SOLLS

Title:

EVP&CLO

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