

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000007938

Entity Name: USCOFW 4035 SOUTHPOINT BLVD LLC**Current Principal Place of Business:**730 THIRD AVENUE
NEW YORK, NY 10017**Current Mailing Address:**730 THIRD AVENUE
NEW YORK, NY 10017 US**FEI Number:** 87-1292114**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 ASSISTANT SECRETARY
Name WEINDLING, FRANCESCA
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AP
Name LI, PATRICK
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title ASSISTANT SECRETARY
Name HENDERSON, WENDY
Address 8500 ANDREW CARNEGIE BLVD
City-State-Zip: CHARLOTTE NC 28215

Title AP
Name BARKER, DERRECK
Address 4675 MACARTHUR COURT STE 1100
City-State-Zip: NEW PORT BCH CA 92660

Title MANAGER
Name NUVEEN ALTERNATIVES ADVISORS
LLC
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED PERSON
Name BENEDETTO, MARY CATHERINE
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED SIGNER
Name WATERS, KATE
Address 8500 ANDREW CARNEGIE BLVD
City-State-Zip: CHARLOTTE NC 28262

Title AUTHORIZED SIGNER
Name CLARK, KATHY
Address 75 ISHAM ROAD
City-State-Zip: WEST HARTFORD CT 06107

Continues on page 2

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: FRANCESCA WEINDLING**ASSISTANT SECRETARY 04/30/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED SIGNER
Name PFLAUM, LAURY
Address 14055 RIVEREDGE DRIVE
City-State-Zip: TAMPA FL 33637

Title MEMBER
Name USCOF-WILSON MOB VENTURE LLC
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017