

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000087079

Entity Name: GP NAPLES II, LLC**Current Principal Place of Business:**153 SEVILLA AVE.
CORAL GABLES, FL 33134**Current Mailing Address:**10888 ONYX DRIVE
CARMEL, IN 46032 US**FEI Number:** 27-0895532**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**M.J.F. REGISTERED AGENT CORP.
153 SEVILLA AVE.
CORAL GABLES, FL 33134 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 | MGR | Title | AUTHORIZED MEMBER |
| Name | PETERMAN, PATRICK | Name | JPMS LLC |
| Address | 10888 ONYX DRIVE | Address | 153 SEVILLA AVENUE |
| City-State-Zip: | CARMEL IN 46032 | City-State-Zip: | CORAL GABLES FL 33134 |
| | | | |
| Title | AUTHORIZED MEMBER | | |
| Name | JOHN PETERMAN AND CATHERINE M. PETERMAN TRUST NO. 1 DATED JANUARY 1, 1982 | | |
| Address | 615 EAST BROOKSIDE DRIVE | | |
| City-State-Zip: | CROWN POINT IN 46307 | | |

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: PETERMAN , PATRICK

MGR

02/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date