

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001202

Entity Name: KIR BAYHILL PLAZA 024, LLC**Current Principal Place of Business:**500 NORTH BROADWAY, SUITE 201
JERICHO, NY 11753**Current Mailing Address:**500 NORTH BROADWAY, SUITE 201
JERICHO, NY 11753 US**FEI Number:** 52-2252809**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 AUTHORIZED SIGNATORY
Name FLYNN , CONOR C.
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY
Name COOPER , ROSS
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY
Name COHEN , GLENN G.
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY
Name EDWARDS , RAYMOND
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY
Name JAMIESON , DAVID
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY
Name TEICHMAN , WILLIAM
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY
Name BAZYDLO , GARY J.
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY
Name BRIAMONTE , BARBARA E.
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICHO NY 11753

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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: KIMCO INCOME OPERATING PARTNERSHIP, L.P.

MANAGING MEMBER

04/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED SIGNATORY
Name DOOLEY , PAUL
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICO NY 11753

Title AUTHORIZED SIGNATORY
Name SIMMONS, WILBUR E. III
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICO NY 11753

Title AUTHORIZED SIGNATORY
Name WEINREB , HARVEY G.
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICO NY 11753

Title MANAGING MEMBER
Name KIMCO INCOME OPERATING PARTNERSHIP, L.P.
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICO NY 11753

Title AUTHORIZED SIGNATORY
Name FREEMAN , CHRISTOPHER
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICO NY 11753

Title AUTHORIZED SIGNATORY
Name TEICHMAN , WILLIAM
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICO NY 11753

Title AUTHORIZED SIGNATORY
Name WESTBROOK , PAUL
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICO NY 11753