

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0700000081

Entity Name: CORNERSTONE FORT PIERCE DEVELOPMENT, LLC

Current Principal Place of Business:

C/O BARINGS LLC, 300 SOUTH TRYON STREET
SUITE 2500
CHARLOTTE, NC 28202

Current Mailing Address:

C/O BARINGS LLC, 300 SOUTH TRYON STREET
SUITE 2500
CHARLOTTE, NC 28202 US

FEI Number: 56-2630592

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MEMBER
Name MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
Address C/O BARINGS LLC, 300 SOUTH TRYON STREET SUITE 2500
City-State-Zip: CHARLOTTE NC 28202

Title MANAGING DIRECTOR
Name CERRATO, PETER
Address C/O BARINGS LLC, 300 SOUTH TRYON STREET SUITE 2500
City-State-Zip: CHARLOTTE NC 28202

Title MANAGING DIRECTOR
Name MCCRAIN, CASSIE A.
Address C/O BARINGS LLC, 300 SOUTH TRYON STREET SUITE 2500
City-State-Zip: CHARLOTTE NC 28202

Title MANAGING DIRECTOR
Name KIMBLE, SHAWN
Address C/O BARINGS LLC, 300 SOUTH TRYON STREET SUITE 2500
City-State-Zip: CHARLOTTE NC 28202

Title MANAGING DIRECTOR
Name MILLER, KEVIN
Address C/O BARINGS LLC, 300 SOUTH TRYON STREET SUITE 2500
City-State-Zip: CHARLOTTE NC 28202

Title DIRECTOR
Name TILLEY, HAYDEN
Address C/O BARINGS LLC, 300 SOUTH TRYON STREET SUITE 2500
City-State-Zip: CHARLOTTE NC 28202

Title DIRECTOR
Name HORAN, CHELSEA
Address C/O BARINGS LLC, 300 SOUTH TRYON STREET SUITE 2500
City-State-Zip: CHARLOTTE NC 28202

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: PETER CERRATO

MANAGING DIRECTOR

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

