

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000001706

**Entity Name:** CLEARWATER MEDICAL PROPERTIES, LLC**Current Principal Place of Business:**C/O MB REAL ESTATE SERVICES INC.  
181 W. MADISON STREET SUITE 4700  
CHICAGO, IL 60602**Current Mailing Address:**C/O MB REAL ESTATE SERVICES INC.  
181 W. MADISON STREET SUITE 4700  
CHICAGO, IL 60602 US**FEI Number:** 81-1043783**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLEARWATER MEDICAL PROPERTIES, LLC  
7720 US HWY 98 W  
SUITE 120  
MIRAMAR BEACH, FL 32550 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:** RENEE PERRIN

01/25/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	PRESIDENT
Name	WESTMEYER, PETER
Address	C/O MB REAL ESTATE SERVICES INC. 181 W. MADISON STREET SUITE 4700

City-State-Zip: CHICAGO IL 60602

Title	AUTHORIZED REPRESENTATIVE
Name	MOTISI, MEEGAN T.
Address	ONE TOWN CENTER RD., SUITE 300 C/O KAYNE ANDERSON REAL ESTATE

City-State-Zip: BOCA RATON FL 33486

Title	VP
Name	OPANOWSKI, DANIELLE
Address	C/O MB REAL ESTATE SERVICES INC. 181 W. MADISON STREET SUITE 4700

City-State-Zip: CHICAGO IL 60602

*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:** MEEGAN T MOTISI**AUTHORIZED PERSON**

01/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date