

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000005014

**Entity Name:** INDUSTRIAL NORTH AMERICAN PROPERTIES II, LLC**Current Principal Place of Business:**1801 HERMITAGE BOULEVARD  
SUITE 100  
TALLAHASSEE, FL 32308**Current Mailing Address:**110 N WACKER DRIVE  
SUITE 4000  
CHICAGO, IL 60606 US**FEI Number:** 27-1529518**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	VS
Name	MCCARTHY, THOMAS D
Address	110 N WACKER DRIVE SUITE 4000
City-State-Zip:	CHICAGO IL 60606
Title	VAS
Name	STAUFFER, JEFF
Address	1801 HERMITAGE BLVD SUITE 100
City-State-Zip:	TALLAHASSEE FL 32308
Title	VT
Name	CHRISTENSEN, LAWRENCE J
Address	110 N WACKER DRIVE SUITE 4000
City-State-Zip:	CHICAGO IL 60606
Title	MANAGER
Name	NALI PORTFOLIO LLC
Address	1801 HERMITAGE BLVD SUITE 100
City-State-Zip:	TALLAHASSEE FL 32308

Title	VAS
Name	BONINO, JOHN
Address	110 N WACKER DRIVE SUITE 4000
City-State-Zip:	CHICAGO IL 60606
Title	P
Name	TOGNARELLI, MAURY R
Address	110 N WACKER DRIVE SUITE 4000
City-State-Zip:	CHICAGO IL 60606
Title	VAT
Name	GRAY, LYNNE M
Address	1801 HERMITAGE BLVD SUITE 100
City-State-Zip:	TALLAHASSEE FL 32308
Title	VAS
Name	FAWCETT, DWIGHT P
Address	110 N WACKER DRIVE SUITE 4000
City-State-Zip:	CHICAGO IL 60606

**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:** JOHN BONINO

VICE PRESIDENT

05/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title	VAS
Name	KELLY, THOMAS P
Address	110 N WACKER DRIVE SUITE 4000
City-State-Zip:	CHICAGO IL 60606