

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400007219

**Entity Name:** KE BAY PINES OP2, LLC

**Current Principal Place of Business:**

4500 PGA BOULEVARD  
SUITE 400  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

4500 PGA BOULEVARD  
SUITE 400  
PALM BEACH GARDENS, FL 33418 US

**FEI Number:** 32-0450183

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOLIHEN, TERENCE R  
4500 PGA BOULEVARD  
SUITE 400  
PALM BEACH GARDENS, FL 33418 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:** TERENCE R. HOLIHEN

04/07/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name KITSON & PARTNERS COMMERCIAL, LLC  
Address 4500 PGA BOULEVARD SUITE 400  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title CEO  
Name KITSON, SYDNEY W  
Address 4500 PGA BOULEVARD SUITE 400  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title PRESIDENT, COO  
Name HOBAN, THOMAS M  
Address 4500 PGA BOULEVARD SUITE 400  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title TREASURER  
Name MORALES, JULIO E  
Address 4500 PGA BOULEVARD SUITE 400  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title VP, SECRETARY  
Name HOLIHEN, TERENCE R  
Address 4500 PGA BOULEVARD SUITE 400  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title VP  
Name GEIGER, GLENN C.  
Address 4500 PGA BOULEVARD SUITE 400  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title VP  
Name BUEHLER, MATTHEW  
Address 4500 PGA BOULEVARD SUITE 400  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title ASST. TREASURER  
Name BRATHWAITE, SHARON  
Address 4500 PGA BOULEVARD SUITE 400  
City-State-Zip: PALM BEACH GARDENS FL 33418

*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:** TERENCE HOLIHEN

**REGISTERED AGENT**

04/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date