

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000004673

**Entity Name:** HCP GROSVENOR ORLANDO OWNER LLC**Current Principal Place of Business:**1140 RESERVOIR AVENUE  
CRANSTON, RI 02920**Current Mailing Address:**1140 RESERVOIR AVENUE  
CRANSTON, RI 02920**FEI Number:** 25-5004460**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	MANAGER
Name	PRFPGP, LLC
Address	1140 RESERVOIR AVENUE
City-State-Zip:	CRANSTON RI 02920

Title	MANAGER
Name	PROCACCIANTI, ELIZABETH A.
Address	1140 RESERVOIR AVENUE
City-State-Zip:	CRANSTON RI 02920

Title	MANAGER
Name	PROCACCIANTI, JAMES A.
Address	1140 RESERVOIR AVENUE
City-State-Zip:	CRANSTON RI 02920

Title	MANAGER
Name	SHIPPAM, ANTHONY
Address	1140 RESERVOIR AVENUE
City-State-Zip:	CRANSTON RI 02920

*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:** ELIZABETH A. PROCACCIANTI

MANAGER

03/30/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date