

**2024 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 US

**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 PROCACCIANTI, JAMES A.  
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 SHIPPAM, ANTHONY  
Address 1140 RESERVOIR AVENUE  
City-State-Zip: CRANSTON RI 02920

Title MANAGER  
Name PRFPGP, LLC  
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**

**03/08/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date