

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000004770

**Entity Name:** KCP RE LLC

**Current Principal Place of Business:**

1250 4TH STREET, 5TH FLOOR  
SANTA MONICA, CA 90401

**Current Mailing Address:**

1250 4TH STREET, 5TH FLOOR  
SANTA MONICA, CA 90401 US

**FEI Number:** 43-2005495

**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            PRESIDENT  
Name            GREEN, JEFFREY M  
Address        1250 4TH STREET, 5TH FLOOR  
City-State-Zip: SANTA MONICA CA 90401

Title            SECRETARY  
Name            MARON, STANLEY E  
Address        1250 4TH STREET, 5TH FLOOR  
City-State-Zip: SANTA MONICA CA 90401

Title            VP  
Name            FINERMAN, RALPH  
Address        1250 4TH STREET, 5TH FLOOR  
City-State-Zip: SANTA MONICA CA 90401

Title            MGR  
Name            KCP MEZCO I LLC  
Address        1250 4TH STREET, 5TH FLOOR  
City-State-Zip: SANTA MONICA CA 90401

Title            MGRM  
Name            KCP HOLDCO LLC  
Address        1250 4TH STREET, 5TH FLOOR  
City-State-Zip: SANTA MONICA CA 90401

*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:** JEFFREY M GREEN

**PRESIDENT**

**04/17/2022**

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

\_\_\_\_\_  
Date