

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000008434

**Entity Name:** NADG NNN TB (CAPE-FL) GP LLC

**Current Principal Place of Business:**

2851 JOHN STREET, SUITE ONE  
MARKHAM, ONTARIO L3R 5R7

**Current Mailing Address:**

2851 JOHN STREET, SUITE ONE  
MARKHAM, ONTARIO L3R 5R7 CA

**FEI Number:** 86-3084911

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
801 US HWY 1  
N PALM BEACH, FL 33408 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           PRESTON, JOHN W.S.  
Address        400 CLEMATIS STREET, SUITE 201  
City-State-Zip: WEST PALM BEACH FL 33401

Title           MANAGER  
Name           GREEN, ROBERT S.  
Address        2851 JOHN STREET, SUITE ONE  
City-State-Zip: MARKHAM ONTARIO L3R 5R7

Title           MANAGER  
Name           PRESTON, STEPHEN S.B.  
Address        3508 SAINT JOHNS DRIVE  
City-State-Zip: DALLAS TX 75205

*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:** ROBERT S. GREEN

**MANAGER, BY LYNNETTE   04/15/2022**  
**PENALBERT, ATTORNEY-**  
**IN-FACT**

Electronic Signature of Signing Authorized Person(s) Detail

Date