

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000007148

FILED
Jan 30, 2024
Secretary of State
7689131589CC

Entity Name: BCPF CORAL SPRINGS PROPERTY OWNER LLC

Current Principal Place of Business:

C/O BARINGS LLC, 300 S TRYON, ATTN: CORPORATE REAL ESTATE
SUITE 2500
CHARLOTTE, NC 28202

Current Mailing Address:

C/O BARINGS LLC, 300 S TRYON, ATTN: CORPORATE REAL ESTATE
SUITE 2500
CHARLOTTE, NC 28202 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 AUTHORIZED REPRESENTATIVE
Name SCHWARTZ, DEBORAH
Address C/O BARINGS LLC, 300 S TRYON,
ATTN: CORPORATE REAL ESTATE
SUITE 2500
City-State-Zip: CHARLOTTE NC 28202

Title MANAGER
Name BCPF CORAL SPRINGS JV LLC
Address C/O BARINGS LLC, 300 S TRYON,
ATTN: CORPORATE REAL ESTATE
SUITE 2500
City-State-Zip: CHARLOTTE NC 28202

Title AUTHORIZED REPRESENTATIVE
Name MCCRAIN, CASSIE
Address C/O BARINGS LLC, 300 S TRYON,
ATTN: CORPORATE REAL ESTATE
SUITE 2500
City-State-Zip: CHARLOTTE NC 28202

Title AUTHORIZED REPRESENTATIVE
Name HORAN, CHELSEY
Address C/O BARINGS LLC, 300 S TRYON,
ATTN: CORPORATE REAL ESTATE
SUITE 2500
City-State-Zip: CHARLOTTE NC 28202

Title AUTHORIZED REPRESENTATIVE
Name FREEMAN, MARK
Address C/O BARINGS LLC, 300 S TRYON,
ATTN: CORPORATE REAL ESTATE
SUITE 2500
City-State-Zip: CHARLOTTE NC 28202

Title AUTHORIZED REPRESENTATIVE
Name CASSELLA, CHRISTOPHER
Address C/O BARINGS LLC, 300 S TRYON,
ATTN: CORPORATE REAL ESTATE
SUITE 2500
City-State-Zip: CHARLOTTE NC 28202

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: DEBORAH SCHWARTZ

AUTHORIZED SIGNER

01/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date