

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000017501

**Entity Name:** MIAMI DOUGLAS TWO GP LLC

**Current Principal Place of Business:**

C/O BARINGS LLC, 300 SOUTH TRYON STREET, SUITE 2500  
CHARLOTTE, NC 28202

**Current Mailing Address:**

C/O BARINGS LLC, 300 SOUTH TRYON STREET, 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           MANAGING DIRECTOR  
Name           CASSELLA, CHRISTOPHER  
Address        C/O BARINGS LLC, 300 SOUTH  
                  TRYON STREET, SUITE 2500  
City-State-Zip: CHARLOTTE NC 28202

Title           MANAGING DIRECTOR  
Name           FREEMAN, MARK  
Address        C/O BARINGS LLC, 300 SOUTH  
                  TRYON STREET, SUITE 2500  
City-State-Zip: CHARLOTTE NC 28202

Title           AUTHORIZED MEMBER, MANAGER  
Name           MIAMI DOUGLAS THREE VENTURE  
                  LLC  
Address        C/O BARINGS LLC, 300 SOUTH  
                  TRYON STREET, SUITE 2500  
City-State-Zip: CHARLOTTE NC 28202

Title           MANAGING DIRECTOR  
Name           CERRATO, PETER  
Address        C/O BARINGS LLC, 300 SOUTH  
                  TRYON STREET, SUITE 2500  
City-State-Zip: CHARLOTTE NC 28202

Title           MANAGING DIRECTOR  
Name           MCCRAIN, CASSIE A.  
Address        C/O BARINGS LLC, 300 SOUTH  
                  TRYON STREET, SUITE 2500  
City-State-Zip: CHARLOTTE NC 28202

Title           MANAGING DIRECTOR  
Name           KIMBLE, SHAWN  
Address        C/O BARINGS LLC, 300 SOUTH  
                  TRYON STREET, 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:** PETER CERRATO

**MANAGING DIRECTOR**

**05/01/2024**

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

\_\_\_\_\_  
Date