

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000085666

**Entity Name:** AG REIT TWO, LLC

**Current Principal Place of Business:**

4030 S. PIPKIN ROAD  
LAKELAND, FL 33811

**Current Mailing Address:**

4030 S. PIPKIN ROAD  
LAKELAND, FL 33811 US

**FEI Number:** 45-2825609

**Certificate of Status Desired:** No

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

PARACORP INCORPORATED  
155 OFFICE PLAZA DRIVE, 1ST FLOOR  
TALLAHASSEE, FL 32301 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:** JODY MOUA, ASST. SECRETARY

04/27/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name AGAMERICA LENDING, LLC  
Address 4030 S. PIPKIN ROAD  
City-State-Zip: LAKELAND FL 33811

Title MANAGER, CHAIRMAN, CEO  
Name PHILPOT, BRIAN G  
Address 4030 S. PIPKIN ROAD  
City-State-Zip: LAKELAND FL 33811

Title MANAGER, SECRETARY/EVP/CHIEF REVENUE OFFICER  
Name MILLER, MCALPIN T.  
Address 4030 S. PIPKIN ROAD  
City-State-Zip: LAKELAND FL 33811

Title EVP/CHIEF FINANCIAL OFFICER  
Name KASHDIN, DANIEL A  
Address 4030 S. PIPKIN ROAD  
City-State-Zip: LAKELAND FL 33811

Title EVP/CHIEF STRATEGY AND RISK OFFICER  
Name EELMAN, COURTNEY A  
Address 4030 S. PIPKIN ROAD  
City-State-Zip: LAKELAND FL 33811

Title CHIEF ACCOUNTING OFFICER  
Name CULBRETH, JOHN  
Address 4030 S. PIPKIN ROAD  
City-State-Zip: LAKELAND FL 33811

Title CHIEF STRATEGY AND RISK OFFICER  
Name MILLER, THEODORE R. M.  
Address 4030 S. PIPKIN ROAD  
City-State-Zip: LAKELAND FL 33811

Title CHIEF CREDIT OFFICER  
Name STEPRO, TRAVIS  
Address 4030 S. PIPKIN ROAD  
City-State-Zip: LAKELAND FL 33811

*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:** JULIA HUBBARD

**DIRECTOR OF ACCOUNTING**

04/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date