

2024 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M00000001203

Entity Name: KIR KEY LARGO 022, LLC

Current Principal Place of Business:

500 NORTH BROADWAY, SUITE 201
JERICHO, NY 11753

Current Mailing Address:

500 NORTH BROADWAY, SUITE 201
JERICHO, NY 11753 US

FEI Number: 52-2252801

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 MANAGING MEMBER
Name KIMCO INCOME OPERATING PARTNERSHIP, L.P.
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNER
Name BAZYDLO, GARY J.
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNER
Name BRIAMONTE, BARBARA E.
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNER
Name COHEN, GLENN G.
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNER
Name COOPER, ROSS
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNER
Name DOOLEY, PAUL
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNER
Name EDWARDS, RAYMOND
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNER
Name FLYNN, CONOR C.
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICHO NY 11753

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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: WEINREB , HARVEY G.

AUTHORIZED SIGNER

06/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED SIGNER
Name GAZERRO, KATHLEEN M.
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICO NY 11753

Title AUTHORIZED SIGNER
Name KIMBLE, JESSICA L.
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICO NY 11753

Title AUTHORIZED SIGNER
Name WESTBROOK, PAUL
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICO NY 11753

Title AUTHORIZED SIGNER
Name JAMIESON, DAVID
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICO NY 11753

Title AUTHORIZED SIGNER
Name WEINREB, HARVEY G.
Address 500 NORTH BROADWAY, SUITE 201
City-State-Zip: JERICO NY 11753