2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002149

Entity Name: GRANDBRIDGE REAL ESTATE CAPITAL LLC

FILED
Apr 11, 2019
Secretary of State
7214725239CC

Current Principal Place of Business:

200 SOUTH COLLEGE STREET

SUITE 2100

CHARLOTTE, NC 28202

Current Mailing Address:

C/O KATRINA D RAMEY 200 WEST SECOND STREET 3RD FLOOR WINSTON-SALEM, NC 27101 US

FEI Number: 56-2224037 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

Authorized Person(s) Detail:

Title MANAGER Title SECRETARY

Name SHEPPARD, NEVIN Name LOVELL, JOSEPH LEN

Address 200 SOUTH COLLEGE STREET Address 200 SOUTH COLLEGE STREET

SUITE 2100 SUITE 2100

City-State-Zip: CHARLOTTE NC 28202 City-State-Zip: CHARLOTTE NC 28202

Title MANAGER Title MANAGER

Name COLEY, ANTONIO T. Name WHITE, GORDON R. III

Address 200 SOUTH COLLEGE STREET Address 200 SOUTH COLLEGE STREET

SUITE 2100 SUITE 2100

City-State-Zip: CHARLOTTE NC 28202 City-State-Zip: CHARLOTTE NC 28202

Title MANAGER Title MANAGER

Name CAMPBELL, HEATH W. Name TOOMEY, WILLIAM J.

Address 200 SOUTH COLLEGE STREET Address 200 SOUTH COLLEGE STREET

SUITE 2100 SUITE 2100

City-State-Zip: CHARLOTTE NC 28202 City-State-Zip: CHARLOTTE NC 28202

Title MANAGER Title MANAGER

Name RANDALL, JOHN W. Name LOVELL, JOSEPH LEN

Address 200 SOUTH COLLEGE STREET Address 200 SOUTH COLLEGE STREET

SUITE 2100 SUITE 2100

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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: JOSEPH LEN LOVELL SECRETARY 04/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Date

Authorized Person(s) Detail Continued:

MANAGER Title Title MANAGER

HUGHES, JODIE E. Name GUZIKOWSKI, FRANK J. Name

Address 200 SOUTH COLLEGE STREET Address 200 SOUTH COLLEGE STREET **SUITE 2100**

SUITE 2100

CHARLOTTE NC 28202

City-State-Zip:

City-State-Zip: CHARLOTTE NC 28202 City-State-Zip: CHARLOTTE NC 28202

Title MANAGER Title MANAGER

ROCCO, MATTHEW G. ORTLIP, MICHAEL J. Name Name

Address 200 SOUTH COLLEGE STREET Address 200 SOUTH COLLEGE STREET

City-State-Zip:

CHARLOTTE NC 28202

SUITE 2100 SUITE 2100

Title MANAGER Title MANAGER

MOORE, CECIL L. JR. Name DENNARD, THOMAS S. Name

Address 200 SOUTH COLLEGE STREET Address 200 SOUTH COLLEGE STREET

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