

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000004995

**Entity Name:** STONEGATE COMPLEX GP, L.L.C.

**Current Principal Place of Business:**

OFFICE OF THE CORPORATE SECRETARY  
730 THIRD AVENUE MS: 730/12/02  
NEW YORK, NY 10017

**FILED**  
**Apr 23, 2022**  
**Secretary of State**  
**1557632357CC**

**Current Mailing Address:**

ATTN: DENISE OUELLET  
1 HARTFORD PLAZA 19TH FLOOR  
HARTFORD, CT 06103 US

**FEI Number:** 20-3294844

**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 MEMBER  
Name NA PROPERTY FUND HOLDINGS, L.L.C  
Address OFFICE OF THE CORPORATE SECRETARY  
730 THIRD AVENUE MS: 730/12/02  
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE  
Name TU, LEX  
Address 4675 MACARTHUR CT  
STE 1100  
City-State-Zip: NEWPORT BEACH CA 92660

Title AUTHORIZED REPRESENTATIVE  
Name RICHARD, ALPHIE J.  
Address 1 FINANCIAL PLAZA  
STE 1960  
City-State-Zip: HARTFORD CT 06103

Title AUTHORIZED REPRESENTATIVE  
Name KAVEGE, SERGE  
Address 8500 ANDREW CARNEGIE BLVD  
City-State-Zip: CHARLOTTE NC 28262

Title AUTHORIZED SIGNER  
Name ROMAN-BROOKS, OLGA  
Address 1 FINANCIAL PLAZA  
STE 1960  
City-State-Zip: HARTFORD CT 06103

Title AUTHORIZED REPRESENTATIVE  
Name SAYERS, THOMAS  
Address 1 FINANCIAL PLAZA  
STE 1960  
City-State-Zip: HARTFORD CT 06103

Title AUTHORIZED REPRESENTATIVE  
Name BURNEO, CARLOS  
Address 501 BRICKELL KEY DRIVE  
STE 504  
City-State-Zip: MIAMI FL 33131

Title AUTHORIZED REPRESENTATIVE  
Name CLARK, KATHLEEN  
Address 1 FINANCIAL PLAZA  
STE 1960  
City-State-Zip: HARTFORD CT 06103

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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:** MARY CATHERINE BENEDETTO

**AUTHORIZED SIGNER**

**04/23/2022**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title AUTHORIZED REPRESENTATIVE  
Name CHOR, MICHAEL  
Address 333 W WACKER DRIVE  
City-State-Zip: CHICAGO IL 60606

Title AUTHORIZED REPRESENTATIVE  
Name ROLLINS, TODD  
Address 730 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE  
Name CHAPERON, JULIEN  
Address 730 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10017

Title VP  
Name SCHWAAB, MICHAEL  
Address 333 W WACKER DRIVE  
City-State-Zip: CHICAGO IL 60606

Title AUTHORIZED REPRESENTATIVE  
Name BOAN, RYAN  
Address 730 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10017