

2020 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
May 05, 2020
Secretary of State
6785035839CC

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 SECRETARY
Name DAVIS , MARTINA
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

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

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

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

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

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

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

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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: MARTINA DAVIS

SECRETARY

05/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

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

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