

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000005251

Entity Name: LSREF2 GATOR, LLC**Current Principal Place of Business:**2711 N. HASKELL AVENUE
SUITE 1700
DALLAS, TX 75204-2921**Current Mailing Address:**2711 N. HASKELL AVENUE
SUITE 1700
DALLAS, TX 75204-2921 US**FEI Number:** 46-0658596**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	MANAGER
Name	LSREF2 MERGERCO HOLDINGS, LLC
Address	2711 N. HASKELL AVENUE SUITE 1700
City-State-Zip:	DALLAS TX 75204-2921

Title	VP
Name	MCMANUS, FAITH
Address	2711 N. HASKELL AVENUE SUITE 1700
City-State-Zip:	DALLAS TX 75204-2921

Title	VP, SECRETARY
Name	TREJO, SUMMER
Address	2711 N. HASKELL AVENUE SUITE 1700
City-State-Zip:	DALLAS TX 75204-2921

Title	PRESIDENT
Name	SIMS, LAURA P
Address	2711 N. HASKELL AVENUE SUITE 1700
City-State-Zip:	DALLAS TX 75204-2921

Title	VP
Name	KIKER, SUSAN
Address	2711 N. HASKELL AVENUE SUITE 1700
City-State-Zip:	DALLAS TX 75204-2921

Title	VP
Name	SCHUCK, MARK
Address	2711 N. HASKELL AVENUE SUITE 1700
City-State-Zip:	DALLAS TX 75204-2921

Title	VP
Name	SHEARER, STEVEN M
Address	2711 N. HASKELL AVENUE SUITE 1700
City-State-Zip:	DALLAS TX 75204-2921

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: SUMMER TREJO**SECRETARY****02/24/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date