

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000006979

Entity Name: KOITERE GP, LLC**Current Principal Place of Business:**4425 PONCE DE LEON BLVD.
4TH FLOOR
CORAL GABLES, FL 33146**Current Mailing Address:**4425 PONCE DE LEON BLVD.
4TH FLOOR
CORAL GABLES, FL 33146 US**FEI Number:** 37-1765234**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOMSTEIN, BRIAN E
4425 PONCE DE LEON BLVD.
4TH FLOOR
CORAL GABLES, FL 33146 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 BAYVIEW FUND MANAGEMENT, LLC
Address 4425 PONCE DE LEON BLVD.
4TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title PCEO
Name ERTEL, DAVID
Address 4425 PONCE DE LEON BLVD.
4TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title SVPCOO
Name O'BRIEN, RICHARD
Address 4425 PONCE DE LEON BLVD.
4TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title SVPS
Name BOMSTEIN, BRIAN E.
Address 4425 PONCE DE LEON BLVD.
4TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title SVPAS
Name CARR, THOMAS F.
Address 4425 PONCE DE LEON BLVD.
4TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title SVP
Name PORTUGAL, CARLOS
Address 4425 PONCE DE LEON BLVD.
4TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title SVP
Name EVENSON, BRETT
Address 4425 PONCE DE LEON BLVD.
4TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title FVP
Name BRIGGS, DAVID
Address 4425 PONCE DE LEON BLVD.
4TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

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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: BRIAN E. BOMSTEIN

SVP

04/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title SVP
Name CHIMIENTI, ANTONIO
Address 4425 PONCE DE LEON BLVD.
4TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title SVP
Name PERNA, PETER
Address 4425 PONCE DE LEON BLVD.
4TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title VP
Name DANFORTH, MATTHEW
Address 4425 PONCE DE LEON BLVD.
4TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title SVP, CONTROLLER
Name MCEWAN, ESTER
Address 4425 PONCE DE LEON BLVD.
4TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title SVP
Name POST, JENNIFER J.
Address 4425 PONCE DE LEON BLVD.
4TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title VP
Name HALL, ROBERT
Address 4425 PONCE DE LEON BLVD.
4TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title VP
Name SCHWARTZ, MARISSA
Address 4425 PONCE DE LEON BLVD.
4TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title SVP, CFO
Name MAGEE, MICHAEL
Address 4425 PONCE DE LEON BLVD.
4TH FLOOR
City-State-Zip: CORAL GABLES FL 33146

Title VP
Name BRESLAW, JARED
Address 4425 PONCE DE LEON BLVD.
4TH FLOOR
City-State-Zip: CORAL GABLES FL 33146