

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000007374

**Entity Name:** WEST PALM BEACH 5325 MEDICAL PROPERTIES, LLC

**Current Principal Place of Business:**

C/O KAYNE ANDERSON REAL ESTATE ADVISORS, LLC  
ONE TOWN CENTER RD, STE. 300  
BOCA RATON, FL 33486

**Current Mailing Address:**

C/O KAYNE ANDERSON REAL ESTATE ADVISORS,  
ONE TOWN CENTER RD, STE. 300  
BOCA RATON, FL 33486 US

**FEI Number:** 81-3825898

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
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 MGR  
Name MEDICAL PROPERTIES IV JV, LLC  
Address C/O KAYNE ANDERSON REAL  
ESTATE ADVISORS, LLC  
ONE TOWN CENTER RD, STE. 300  
City-State-Zip: BOCA RATON FL 33486

*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:** RUSSELL REITER

**SECRETARY**

**04/25/2017**

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

\_\_\_\_\_  
Date