

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000004618

Entity Name: BIR CORAL GABLES I, L.L.C.

Current Principal Place of Business:

ONE BEACON STREET
24TH FL
BOSTON, MA 02108

FILED
Apr 23, 2024
Secretary of State
5502581775CC

Current Mailing Address:

ONE BEACON STREET
24TH FL
BOSTON, MA 02108 US

FEI Number: 82-1581832

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	AUTHORIZED MEMBER	Title	AUTHORIZED SIGNATORY
Name	GK BIR LLC	Name	ZAROZNY, WAYNE
Address	ONE BEACON STREET 24TH FL	Address	ONE BEACON STREET 24TH FL
City-State-Zip:	BOSTON MA 02108	City-State-Zip:	BOSTON MA 02108
Title	AUTHORIZED SIGNATORY	Title	AUTHORIZED SIGNATORY
Name	RAGNAUTH, RAVI	Name	DOHERTY, DAVID
Address	ONE BEACON STREET 24TH FL	Address	ONE BEACON STREET 24TH FL
City-State-Zip:	BOSTON MA 02108	City-State-Zip:	BOSTON MA 02108
Title	AUTHORIZED SIGNATORY	Title	AUTHORIZED SIGNATORY
Name	BLOOM, MARY BETH	Name	DENT, JACK
Address	ONE BEACON STREET 24TH FL	Address	ONE BEACON STREET 24TH FL
City-State-Zip:	BOSTON MA 02108	City-State-Zip:	BOSTON MA 02108
Title	AUTHORIZED SIGNATORY	Title	AUTHORIZED SIGNATORY
Name	ORLANDELLO, JOSEPH	Name	COLGAN, BRITTANY
Address	ONE BEACON STREET 24TH FL	Address	ONE BEACON STREET 24TH FL
City-State-Zip:	BOSTON MA 02108	City-State-Zip:	BOSTON MA 02108

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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: MELINDA BROTHERS

ASST SECRETARY

04/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED SIGNATORY

Name BROTHERS, MELINDA

Address ONE BEACON STREET
24TH FL

City-State-Zip: BOSTON MA 02108