

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000006012

Entity Name: TREA BROWARD INDUSTRIAL POINTE WEST LLC**Current Principal Place of Business:**730 THIRD AVENUE
MS: 730/12/02
NEW YORK, NY 10017**Current Mailing Address:**730 THIRD AVENUE
MS: 730/12/02
NEW YORK, NY 10017 US**FEI Number:** 82-2029628**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 REPRESENTATIVE
Name ACOSTA, JANET
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name BAIR, SHARON
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name CIFELLI, NICHOLAS
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name COHEN, DONNA
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name CORNUKE, JOHN
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name SWINK, MICHAEL
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name FISK, MICHAEL
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name MORLAND, BRYAN
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

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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****01/10/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED REPRESENTATIVE
Name HANCOCK, ALEXANDER
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name MILLER, WILLIAM
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name RAGLAND, JOHN
Address 730 THIRD AVENUE
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Title AUTHORIZED REPRESENTATIVE
Name SIMPKINS, BRAD
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Title AUTHORIZED REPRESENTATIVE
Name MARTIN, MANUEL
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Title AUTHORIZED REPRESENTATIVE, SECRETARY
Name DAVIS , MARTINA
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name HERTER, W. BEH
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED MEMBER
Name TEACHERS INSURANCE AND ANNUITY
ASSOCIATION OF AMERICA FOR THE BENEFIT
OF ITS SEPARATE REAL ESTATE ACCOUNT
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name ROLLINS, TODD
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name MILLER, NANCY
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Title AUTHORIZED REPRESENTATIVE
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Title AUTHORIZED REPRESENTATIVE
Name STEFFENS, GABRIEL
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Title AUTHORIZED REPRESENTATIVE
Name WEINDLING, FRANCESCA
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Title AUTHORIZED REPRESENTATIVE
Name GIRALDO , RANDY
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Title AUTHORIZED REPRESENTATIVE
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Title AUTHORIZED REPRESENTATIVE
Name BOAN, RYAN
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Title AUTHORIZED REPRESENTATIVE
Name CHAPERON, JULIEN
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City-State-Zip: NEW YORK NY 10017