

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000009916

Entity Name: PAI BAYROCK GROVES, LLC

Current Principal Place of Business:

3350 PEACHTREE ROAD NE , SUITE 800
ATLANTA, GA 30326

Current Mailing Address:

3350 PEACHTREE ROAD NE , SUITE 800
ATLANTA, GA 30326 US

FEI Number: NOT APPLICABLE

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	ASSISTANT SECRETARY	Title	ASSISTANT TREASURER
Name	PALEN, MAGGIE	Name	DAVI, SUSANNA
Address	3350 PEACHTREE ROAD NE , SUITE 800	Address	3350 PEACHTREE ROAD NE , SUITE 800
City-State-Zip:	ATLANTA GA 30326	City-State-Zip:	ATLANTA GA 30326
Title	ASSISTANT TREASURER	Title	CONTROLLER
Name	MCCARTHY, JOSEPH B	Name	JAY, CHRISTOPHER G
Address	3350 PEACHTREE ROAD NE , SUITE 800	Address	3350 PEACHTREE ROAD NE , SUITE 800
City-State-Zip:	ATLANTA GA 30326	City-State-Zip:	ATLANTA GA 30326
Title	PRESIDENT	Title	SECRETARY
Name	SHEN, JAMIE K	Name	COMBS, VALERIE L
Address	3350 PEACHTREE ROAD NE , SUITE 800	Address	3350 PEACHTREE ROAD NE , SUITE 800
City-State-Zip:	ATLANTA GA 30326	City-State-Zip:	ATLANTA GA 30326
Title	TREASURER	Title	VP
Name	MATTIA, BRIAN M	Name	BOTT, DANIEL R
Address	3350 PEACHTREE ROAD NE , SUITE 800	Address	3350 PEACHTREE ROAD NE , SUITE 800
City-State-Zip:	ATLANTA GA 30326	City-State-Zip:	ATLANTA GA 30326

Continues on page 2

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: CHRISTOPHER G JAY

VICE PRESIDENT

04/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name DOMINGUEZ, JON
Address 3350 PEACHTREE ROAD NE , SUITE 800
City-State-Zip: ATLANTA GA 30326

Title VP
Name KIRSCHNER, THOMAS F
Address 3350 PEACHTREE ROAD NE , SUITE 800
City-State-Zip: ATLANTA GA 30326

Title VP
Name RAGLAND, FENDLEY
Address 3350 PEACHTREE ROAD NE , SUITE 800
City-State-Zip: ATLANTA GA 30326

Title VP
Name JAY, CHRISTOPHER G
Address 3350 PEACHTREE ROAD NE , SUITE 800
City-State-Zip: ATLANTA GA 30326

Title VP
Name PUCHEU, JASON E
Address 3350 PEACHTREE ROAD NE , SUITE 800
City-State-Zip: ATLANTA GA 30326

Title MANAGER
Name PGIM U.S. AGRICULTURE FUND LP
Address 3350 PEACHTREE ROAD NE , SUITE 800
City-State-Zip: ATLANTA GA 30326