

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000006236

Entity Name: GVI-IP TAMPA OFFICE OWNER, LLC**Current Principal Place of Business:**900 N. MICHIGAN AVE.
SUITE 1400
CHICAGO, IL 60611**Current Mailing Address:**900 N. MICHIGAN AVE.
SUITE 1400
CHICAGO, IL 60611 US**FEI Number:** 84-2372270**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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	MBR
Name	GVI-IP TAMPA OFFICE HOLDINGS, LLC
Address	900 N. MICHIGAN AVE. SUITE 1400
City-State-Zip:	CHICAGO IL 60611

Title	AUTHORIZED REPRESENTATIVE
Name	HELLEBUSCH, LOUIS D
Address	900 N. MICHIGAN AVE. SUITE 1400
City-State-Zip:	CHICAGO IL 60611

Title	AUTHORIZED REPRESENTATIVE
Name	EWING, KAREN M
Address	900 N. MICHIGAN AVE. SUITE 1400
City-State-Zip:	CHICAGO IL 60611

Title	AUTHORIZED REPRESENTATIVE
Name	ROMICK, JONATHAN
Address	900 N. MICHIGAN AVE. SUITE 1400
City-State-Zip:	CHICAGO IL 60611

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: KAREN M EWING**AUTHORIZED
REPRESENTATIVE****03/29/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date