

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000003506

**FILED  
Jul 28, 2021  
Secretary of State  
8045347817CC**

**Entity Name:** PARKLAND FL SENIOR HOUSING OPCO, LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC.  
1200 S PINE ISLAND RD  
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	P	Title	VP
Name	RABIL, ALBERT III	Name	SELZNICK, S. DAVID
Address	C/O KAYNE ANDERSON REAL ESTATE ADVISOR ONE TOWN CENTER RD STE 300	Address	C/O KAYNE ANDERSON REAL ESTATE ADVISOR ONE TOWN CENTER RD STE 300
City-State-Zip:	BOCA RATON FL 33486	City-State-Zip:	BOCA RATON FL 33486
Title	SEC	Title	AUTHORIZED REPRESENTATIVE
Name	REITER, RUSSELL M	Name	MOTISI, MEEGAN T
Address	C/O KAYNE ANDERSON REAL ESTATE ADVISOR ONE TOWN CENTER RD STE 300	Address	ONE TOWN CENTER ROAD SUITE 300
City-State-Zip:	BOCA RATON FL 33486	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: MEEGAN T MOTISI**

**AUTHORIZED PERSON**

**07/28/2021**

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

\_\_\_\_\_  
Date