

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000003507

Entity Name: NAPLES FL SENIOR HOUSING OPCO, LLC

Current Principal Place of Business:

C/O KAYNE ANDERSON REAL STATE ADVISORS LLC
ONE TOWN CENTER RD STE 300
BOCA RATON, FL 33486

Current Mailing Address:

C/O KAYNE ANDERSON REAL ESTATE ADVISORSLLC
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 STATE ADVISORS LLC ONE TOWN CENTER RD STE 300	Address	C/O KAYNE ANDERSON REAL STATE ADVISORS LLC 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 STATE ADVISORS LLC 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 MOTISI

AUTHORIZED PERSON

03/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date