

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000013744

**Entity Name:** GVI/GC BRADENTON PINE HAVEN OWNER, LLC

**FILED**  
**Apr 04, 2022**  
**Secretary of State**  
**0993862215CC**

**Current Principal Place of Business:**

900 NORTH MICHIGAN AVE  
SUITE 1400  
CHICAGO, IL 60611

**Current Mailing Address:**

900 NORTH MICHIGAN AVE  
SUITE 1400  
CHICAGO, IL 60611 US

**FEI Number: 87-3229269**

**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 AP  
Name MALKIN, BARRY A  
Address 900 NORTH MICHIGAN AVE, SUITE 1450  
City-State-Zip: CHICAGO IL 60611

Title AP  
Name GELLER, NORMAN S  
Address 900 NORTH MICHIGAN AVE, SUITE 1450  
City-State-Zip: CHICAGO IL 60611

Title AP  
Name ELRAD, MICHAEL A  
Address 900 NORTH MICHIGAN AVE, SUITE 1450  
City-State-Zip: CHICAGO IL 60611

Title AP  
Name CAFFARELLI, CRAIG R  
Address 900 NORTH MICHIGAN AVE, SUITE 1450  
City-State-Zip: CHICAGO IL 60611

Title AP  
Name ROMICK, JONATHAN C  
Address 900 NORTH MICHIGAN AVE, SUITE 1450  
City-State-Zip: CHICAGO IL 60611

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

Title AUTHORIZED REPRESENTATIVE  
Name HELLEBUSCH, LOUIS D  
Address 900 NORTH 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**

**04/04/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date