

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000013762

**Entity Name:** GVI/GC PORT RICHEY SUNCOAST OWNER, LLC

**FILED**  
**Apr 05, 2022**  
**Secretary of State**  
**3581585631CC**

**Current Principal Place of Business:**

900 NORTH MICHIGAN AVENUE  
SUITE 1400  
CHICAGO, IL 60611

**Current Mailing Address:**

900 NORTH MICHIGAN AVENUE  
SUITE 1400  
CHICAGO, IL 60611 US

**FEI Number: 87-3343995**

**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            PRESIDENT  
Name            MALKIN, BARRY A  
Address        900 NORTH MICHIGAN AVENUE  
                 SUITE 1400  
City-State-Zip: CHICAGO IL 60611

Title            VP  
Name            GELLER, NORMAN  
Address        900 NORTH MICHIGAN AVENUE  
                 SUITE 1400  
City-State-Zip: CHICAGO IL 60611

Title            VP  
Name            ELRAD, MICHAEL  
Address        900 NORTH MICHIGAN AVENUE  
                 SUITE 1400  
City-State-Zip: CHICAGO IL 60611

Title            VP  
Name            CAFFARELLI, CRAIG  
Address        900 NORTH MICHIGAN AVENUE  
                 SUITE 1400  
City-State-Zip: CHICAGO IL 60611

Title            VP, SECRETARY  
Name            ROMICK, JONATHAN  
Address        900 NORTH MICHIGAN AVENUE  
                 SUITE 1400  
City-State-Zip: CHICAGO IL 60611

Title            ASST. SECRETARY  
Name            EWING, KAREN M  
Address        900 NORTH MICHIGAN AVENUE  
                 SUITE 1400  
City-State-Zip: CHICAGO IL 60611

Title            VP  
Name            HELLEBUSCH, LOUIS D  
Address        900 NORTH MICHIGAN AVENUE  
                 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**

**ASSISTANT SECRETARY    04/05/2022**

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

\_\_\_\_\_  
Date