

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000013770

Entity Name: GVI/GC BRADENTON TRY MOR OWNER, LLC

FILED
Mar 29, 2023
Secretary of State
8576971525CC

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: 87-3203689

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 03/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date