Limited Liability Company (LLC) Statement of Members

Type or Print in Ink.

Amendment Date Stamp **CALIFORNIA** Check box if an Amendment For Official Use Only

(Government Code Section 84109)

				I #			_						
				Dat		fication threshold n nth, Day, Year)	net						
	LLC Information						<u> </u>						
	LEGAL NAME OF LIMITED LIABILITY COMPANY:	ICER: P	PRINCIPAL/RESPON	SIBLE OFFICE	ER PHONE	E#: PRINCIPAL	/RESPON	SIBLE OFF	ICER EMAIL:				
	Biltmore Apts., LLC	Gerald J. Marcil		(415) 389-6800			form410@nmgovlaw.com						
	LLC STREET ADDRESS:	CITY:	STATE: Z	IP CODE:	LLC MA	ILING ADDRESS (IF	DIFFERENT):		CITY:		STATE:	ZIP CODE:	
	43 Malaga Cove Plaza Suite D	Palos Verdes Estate	90274	2350	350 Kerner Blvd.			San Rafael		CA	94901		
	NAME OF COMMITTEE:			COMMIT	TEE ID:	COMMITT	EE PHONE N	IUMBER:	COMMITTEE E	EMAIL AD	DRESS:		
	Gerald J. Marcil and Affiliated Entities			135342	353426 (415) 389-6800				form410@nmgovlaw.com				
	COMMITTEE STREET ADDRESS:	CITY:	STATE: Z	IP CODE:	COMMI	TTEE MAILING ADD	RESS (IF DIF	FERENT): CITY:	- 1	STATE:	ZIP CODE:	
	2350 Kerner Blvd.	San Rafael	CA 9	94901									
, _	Members (If any members are other LLCs, further disclosure is required in Part 3.)												
	FULL NAME MEMBERSHIP TYPE			•		TE(S) OF CAPITAL CO ONLY COMPLETE IF MEM CAPITAL CONTRIBUTION	CONTRIBUTION CUMULATIVE CAPITAL F MBER HAS MET CONTRIBUTIONS TO LLC OWNE				ERCENTAGE ERSHIP INTEREST		
	NATIONAL TOURS	■ MEMBERSHIP 10% OR GREATE			CAPITAL CONTRIBUTION THRESHOLD)			CONT	WINDO HONO TO LEG OWNER				
	Walsh Trust	Trust CAPITAL CONTRIBUTIONS \$10,00				PR MORE					50%		
	Marcil Family Trust										50%		
			CAPITAL CONTRIBUTIONS \$10,000 C			₹E							
		☐ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS \$10,00 ☐ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS \$10,00											
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			(11(120110110 q 10	,,000 011 1110									
3.	Names of Member LLCs Listed in Part 2												
	NAME OF LLC LISTED IN PART 2				FULL NAMES OF MEMBERS								
_	Verification			<u>'</u>									
••	I have used all reasonable diligence in prepa	ring this Statement. I ha	ve reviewed th	is Stateme	ent and	d, to the best of n	nv knowled	ae. the i	nformation co	ontained	in it is tru	e and	
	complete. I certify under penalty of perjury u					,							
	08/23/2024												
	Executed on	By											

Attach additional information on appropriately labeled continuation sheets.

DATE

Print

Clear

FPPC Form 409 (Nov/2021) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SIGNATURE