

# Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

<b>Amendment</b> <input type="checkbox"/> Check box if an Amendment  # <u>10 / 5 / 22</u> Date qualification threshold met (Month, Day, Year)
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Date Stamp
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## 1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: Harbor View Property LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Jay Paul	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: (415) 263-7400	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: form410@nmgovlaw.com				
LLC STREET ADDRESS: 4 Embarcadero Center, Suite 3620	CITY: San Francisco	STATE: CA	ZIP CODE: 94111	LLC MAILING ADDRESS (IF DIFFERENT): N/A	CITY: 	STATE: 	ZIP CODE: 
NAME OF COMMITTEE: Jay Paul Company and Affiliated Entities	COMMITTEE ID: 489079	COMMITTEE PHONE NUMBER: (415)389-6800	COMMITTEE EMAIL ADDRESS: form410@nmgovlaw.com				
COMMITTEE STREET ADDRESS: 4 Embarcadero Center, Suite 3620	CITY: San Francisco	STATE: CA	ZIP CODE: 94111	COMMITTEE MAILING ADDRESS (IF DIFFERENT): 2350 Kerner Blvd., Suite 250	CITY: San Rafael	STATE: CA	ZIP CODE: 94901

## 2. Members (If any members are other LLCs, further disclosure is required in Part 3.)

FULL NAME	MEMBERSHIP TYPE	DATE(S) OF CAPITAL CONTRIBUTION <small>(ONLY COMPLETE IF MEMBER HAS MET CAPITAL CONTRIBUTION THRESHOLD)</small>	CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC	PERCENTAGE OWNERSHIP INTEREST
Jay Paul	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			99%
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			

## 3. Names of Member LLCs Listed in Part 2

NAME OF LLC LISTED IN PART 2	FULL NAMES OF MEMBERS

## 4. Verification

I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and, to the best of my knowledge, the information contained in it is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/20/2022  
DATE

By \_\_\_\_\_  
SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

**Print** **Clear**