Limited Liability Company (LLC) Statement of Members

Type or Print in Ink.

Amendme Check		Amendment	Date Stamp	california 409			
9 /	22	22		For Official Use Only			
Date qualification threshold met (Month, Day, Year)							

(Government Code Section 84109)

		Da	Date qualification threshold met (Month, Day, Year)									
1.	LLC Information		<u> </u>				·					
	LEGAL NAME OF LIMITED LIABILITY COMPANY:						BLE OFFICER PHON	NE #: PRINCIPAL/R	ESPONSIBLE C	FFICER EMAIL:		
	Legacy/Collier Holdings, LLC	Guy Hays			650 571 2250			form410@nmgovlaw.com				
	LLC STREET ADDESS:	CITY: STATE: ZIP		IP CODE:	ODE: LLC MAILING ADDESS (IF DIFFERENT):			CITY:	STATE: ZIP CODE:			
	950 Tower Lane, Suite 900	ne, Suite 900 Foster City CA		94404	404 N/A							
	NAME OF COMMITTEE:				COMMITTEE ID: COMMITTEE PHONE NUMBER: COMMITTEE PHONE			: COMMITTEE EN	OMMITTEE EMAIL ADDRESS:			
	Legacy Partners and Affiliated Entities	acy Partners and Affiliated Entities			2	(415)389-6800 fo		form410@	orm410@nmgovlaw.com			
	COMMITTEE STREET ADDESS:	CITY:	STATE: Z		COMMITTEE N	MAILING ADDESS (IF DIFFERE): CITY:	STATE:	STATE: ZIP CODE:		
	950 Tower Lane, Suite 900	Foster City	CA S	94404	2350 Kei	rner Blvd.,	Suite 250	San Rafae	el CA	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 (ONLY COMPLETE IF MEMBER HAS MET CAPITAL CONTRIBUTION THEESHOLD) CONTRIBUTIONS TO							
	Legacy Partners 1004 LLC							50%				
		cy Investment LLC CAPITAL CONTRIBUTIONS \$10,000 CAPITAL CONTRIBUTIONS \$10,000			DRE							
	CE Legacy Investment LLC				o op word				50%			
					DRE							
		☐ MEMBERSHIP 10% OR GREATE ☐ CAPITAL CONTRIBUTIONS \$10,			DR MORE							
	☐ MEMBERSHIP 10% OR GREATE											
		CAPITAL CONTRIBUTIONS \$10			DRE							
3.	Names of Member LLCs Listed in Part 2											
	NAME OF LLC LIS		FULL NAMES OF MEMBERS									
	Legacy Partners 1004 LLC				Dean Henry; Guy Hays							
	CE Legacy Investment LLC	Miles	Miles Collier; Baron Collier III									
<u> </u>	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 contain complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.										true and		
	09/23/2022	09/23/2022 Recuted on By										
	Executed on	SIGN	SIGNATURE FPPC Form 409 (Nov/2021)									
										, ,		

Attach additional information on appropriately labeled continuation sheets.

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FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)