

Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment <input type="checkbox"/> Check box if an Amendment
<u>3 / 20 / 24</u> Date qualification threshold met (Month, Day, Year)

Date Stamp

CALIFORNIA FORM 409
For Official Use Only

1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: NF Creekside Apartments, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Gitta F. Nagel	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: (323) 556-6600	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: gitta@decron.com
LLC STREET ADDRESS: 6222 Wilshire Blvd., Suite 400	CITY: Los Angeles	STATE: CA	ZIP CODE: 90048
LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
NAME OF COMMITTEE: Decron Properties Corp. & affiliated entities	COMMITTEE ID: 1429809	COMMITTEE PHONE NUMBER: (323) 556-6600	COMMITTEE EMAIL ADDRESS: gitta@decron.com
COMMITTEE STREET ADDRESS: 6222 Wilshire Blvd., Suite 400	CITY: Los Angeles	STATE: CA	ZIP CODE: 90048
COMMITTEE MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:

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 THRESHOLD)	CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC	PERCENTAGE OWNERSHIP INTEREST
NF Marina, LP	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			100%
	<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 6/21/24 By Gitta F. Nagel
DATE SIGNATURE
Gitta F. Nagel (Jun 21, 2024 15:39 PDT)

Attach additional information on appropriately labeled continuation sheets.

Print **Clear**

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







409_Initial_240529_NF Creekside Apartments LLC

Final Audit Report

2024-06-21

Created:	2024-06-03
By:	Ashlee Titus (atitus@bmhlaw.com)
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