Li	mited	Liabi	lity	Comp	any	(LLC)
St	ateme	nt of	Mei	mbers	;	

(Government Code Section 84109)

Type or Print in Ink.	Amendment
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Aillella	IIIGIIL							
Check box if an Amendment								
2	/ 14	/ 24						
Date qualification threshold met (Month, Day, Year)								

CALIFORNIA 409

Date Stamp

For Official Use Only

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1.	- 1 1	G	Intorr	nation

LEGAL NAME OF LIMITED LIABILITY COMPANY:	NAME OF RESPONSIBLE (OFFICER OR	PRINC	IPAL OFF	ICER: PRINC	IPAL/RESPONSIBLE OFFICER PHO	ONE #: PF	RINCIPAL/RESPONSIBLE OF	FFICER EMAIL
Related California Residential LL	Wiliam Witte				(949	(949) 660-7272		pcdfilings@kaufmanlegalgro	
LLC STREET ADDRESS:	CITY:	STATE:	ZIP	CODE:	LLC MAILING	ADDRESS (IF DIFFERENT):	CITY	r: STATE:	ZIP CODE:
44 Montgomery Street, Suite 1300 San Francisco CA 9				4104					
NAME OF COMMITTEE:				COMMIT	TEE ID:	COMMITTEE PHONE NUMBE	R: COM	IMITTEE EMAIL ADDRESS:	
The Related Companies/William Witte			4992	13	(213) 452-6565	pcc	dfilings@kaufmanl	egalgroup	
COMMITTEE STREET ADDRESS:	CITY:	STATE:	ZIP	CODE:	COMMITTEE	MAILING ADDRESS (IF DIFFERE	NT): CIT	TY: STATE:	ZIP CODE:
777 S Figueroa St, Ste 4050	Los Angeles	CA	90	0017					

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
Related California Residential LLC	☐ MEMBERSHIP 10% OR GREATER			
Related California Residential LLC	☐ CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
	☐ MEMBERSHIP 10% OR GREATER			
	☐ CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
	☐ MEMBERSHIP 10% OR GREATER			
	☐ CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
	☐ MEMBERSHIP 10% OR GREATER		_	
	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
Related California Residential LLC	William Witte

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.

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ecuted on	UZI	20/	20	_	

CA Form 409

Final Audit Report 2024-02-29

Created: 2024-02-29

By: Elizabeth Harte (eharte@kaufmanlegalgroup.com)

Status: Signed

Transaction ID: CBJCHBCAABAAt0eUlr0sb5cdd2fJVdlwx8n6KVSuQ5OQ

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Document e-signed by William Witte (wwitte@related.com)
Signature Date: 2024-02-29 - 2:21:48 AM GMT - Time Source: server

Agreement completed. 2024-02-29 - 2:21:48 AM GMT