

# 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>2 / 14 / 24</u> Date qualification threshold met (Month, Day, Year)	Date Stamp	<b>CALIFORNIA FORM 409</b> For Official Use Only
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## 1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: <b>The Related Companies LLC</b>	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: <b>William Witte</b>	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: <b>(949) 660-7272</b>	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: <b>pcdfilings@kaufmanlegalgro</b>
LLC STREET ADDRESS: <b>44 Montgomery Street, Suite 1300</b>	CITY: <b>San Francisco</b>	STATE: <b>CA</b>	ZIP CODE: <b>94104</b>
LLC MAILING ADDRESS (IF DIFFERENT):		CITY:	STATE: ZIP CODE:
NAME OF COMMITTEE: <b>The Related Companies/William Witte</b>		COMMITTEE ID: <b>499213</b>	COMMITTEE PHONE NUMBER: <b>(213) 452-6565</b>
COMMITTEE EMAIL ADDRESS: <b>pcdfilings@kaufmanlegalgroup</b>			
COMMITTEE STREET ADDRESS: <b>777 S Figueroa St, Ste 4050</b>	CITY: <b>Los Angeles</b>	STATE: <b>CA</b>	ZIP CODE: <b>90017</b>
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 <small>(ONLY COMPLETE IF MEMBER HAS MET CAPITAL CONTRIBUTION THRESHOLD)</small>	CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC	PERCENTAGE OWNERSHIP INTEREST
The Related Companies LLC	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
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	<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
The Related Companies 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.

Executed on 02/28/2024  
DATE

By   
William Witte (Feb 28, 2024 18:22 PST)  
SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

# CA Form 409

Final Audit Report

2024-02-29

Created:	2024-02-29
By:	Elizabeth Harte (eharte@kaufmanlegalgroup.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAABnsWsjCqSGIn-_7ebx4_Ejplfidjn-DH


## "CA Form 409" History

 Document created by Elizabeth Harte (eharte@kaufmanlegalgroup.com)

2024-02-29 - 0:46:26 AM GMT

 Document emailed to wwitte@related.com for signature


2024-02-29 - 0:46:30 AM GMT

 Email viewed by wwitte@related.com

2024-02-29 - 2:22:01 AM GMT

 Signer wwitte@related.com entered name at signing as William Witte

2024-02-29 - 2:22:37 AM GMT

 Document e-signed by William Witte (wwitte@related.com)

Signature Date: 2024-02-29 - 2:22:39 AM GMT - Time Source: server

 Agreement completed.

2024-02-29 - 2:22:39 AM GMT