<b>Limited Liability Company</b>	(LLC)
<b>Statement of Members</b>	

Type or Print in Ink.

Amendment	Date Stamp
☐ Check box if an Amendment	
7 / 28 / 25 #	
Date qualification threshold met (Month, Day, Year)	

CALIFORNIA 409

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LLC Information										
LEGAL NAME OF LIMITED LIABILITY COMPANY:	NAME OF RESPONSIBLE O	OFFICER OR F	PRINCIPA	AL OFFIC	CER: PRINCIPA	L/RESPONSIBLE	OFFICER PHONE	#: PRINCIPAL/RES	PONSIBLE OF	FICER EMAIL:
Brookfield Sacramento Holdings LLC	Josh Roden				(415) 9	903-2800		brookfie <b>l</b> d(	@politicon	nlaw.com
LLC STREET ADDRESS:	CITY:	STATE:	ZIP C	ODE: LL	LC MAILING AD	DRESS (IF DIFFE	ERENT):	CITY:	STATE:	ZIP CODE:
3200 Park Center Drive, Suite 100	00 Costa Mesa	CA	926	626 2	28 Liberty	Ship Way,	Suite 2815	Sausalito	CA	94965
NAME OF COMMITTEE:			C	OMMITTE	EE ID:	COMMITTEE PI	HONE NUMBER:	COMMITTEE EMAI	LADDRESS:	
Brookfield Residential Properties and Affiliate	ed Entities			482641		(415) 903-2		brookfield@	politicom	law.com
COMMITTEE STREET ADDRESS:	CITY:	STATE:	ZIP C	ODE: C	OMMITTEE MA	AILING ADDRESS	S (IF DIFFERENT)	: CITY:	STATE:	ZIP CODE:
28 Liberty Ship Way, Suite 281	5 Sausalito	CA	949	965						

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)	 PERCENTAGE OWNERSHIP INTEREST	
Drackfield California Land Haldings I.I.C	■ MEMBERSHIP 10% OR GREATER		100	
Brookfield California Land Holdings LLC	☐ CAPITAL CONTRIBUTIONS \$10,000 OR MORE		100	
	☐ 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
Brookfield California Land Holdings LLC	Brookfield Homes Holdings LLC

## 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	08/06/2025		
Excourse on	DATE		



SIGNATURE

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