

Limited Liability Company (LLC)
Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment

☐ Check box if an Amendment

08 / 20 / 26

#

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:

Brookfield Bloom LLC

NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER:

Richard T. Whitney

PRINCIPAL/RESPONSIBLE OFFICER PHONE #:

(415) 903-2800

PRINCIPAL/RESPONSIBLE OFFICER EMAIL:

brookfield@politicomlaw.com

LLC STREET ADDRESS:

3200 Park Center Drive, Suite 1000 Costa Mesa

CITY:

CA

STATE:

CA

ZIP CODE:

92626

LLC MAILING ADDRESS (IF DIFFERENT):

28 Liberty Ship Way, Suite 2815 Sausalito

CITY:

CA

STATE:

CA

ZIP CODE:

94965

NAME OF COMMITTEE:

Brookfield Residential Properties and Affiliated Entities

COMMITTEE ID:

1482641

COMMITTEE PHONE NUMBER:

(415) 903-2800

COMMITTEE EMAIL ADDRESS:

brookfield@politicomlaw.com

COMMITTEE STREET ADDRESS:

28 Liberty Ship Way, Suite 2815 Sausalito

CITY:

CA

STATE:

CA

ZIP CODE:

94965

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 (COMPLETED MEMBER HAS MET CAPITAL CONTRIBUTION THRESHOLD)	CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC	PERCENTAGE OWNERSHIP INTEREST
Brookfield Homes Southern California LLC	☒ MEMBERSHIP 10% OR GREATER ☐ 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			
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	☐ 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 Southern California 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 08/21/2026

By *Rob Whitney*

DATE

SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

FPPC Form 409 (Nov/2021)

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