

Limited Liability Company (LLC)
Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment ☐ Check box if an Amendment # <u>1 / 23 / 26</u> Date qualification threshold met (Month, Day, Year)	Date Stamp	CALIFORNIA FORM 409 For Official Use Only
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1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: Falcon Investor Group LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Adam Sokoloff	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: (310) 481-1660	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: adam@falconinvestorgroup.com
LLC STREET ADDRESS: 11111 Santa Monica Blvd., Suite 1900	CITY: Los Angeles	STATE: CA	ZIP CODE: 90025
LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
NAME OF COMMITTEE: Falcon Investor Group LLC	COMMITTEE ID: 1493376	COMMITTEE PHONE NUMBER: (310) 481-1660	COMMITTEE EMAIL ADDRESS: adam@falconinvestorgroup.com
COMMITTEE STREET ADDRESS: 11111 Santa Monica Blvd., Suite 1900	CITY: Los Angeles	STATE: CA	ZIP CODE: 90025
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
Falcon Investor Trust	☒ 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			
	☐ 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

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 7/29/2026 By Adam Sokoloff
DATE SIGNATURE
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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)