



**Secretary of State**  
**Statement of Information**  
(Limited Liability Company)

**LLC-12**

21-G19447

**FILED**

In the office of the Secretary of State  
of the State of California

NOV 24, 2021

**IMPORTANT** — [Read instructions](#) before completing this form.

**Filing Fee – \$20.00**

**Copy Fees** – First page \$1.00; each attachment page \$0.50;  
Certification Fee - \$5.00 plus copy fees

**This Space For Office Use Only**

**1. Limited Liability Company Name** (Enter the exact name of the LLC. If you registered in California using an alternate name, [see instructions](#).)

STOCKBRIDGE SOUTH BAY QUAY, LLC

**2. 12-Digit Secretary of State File Number**

202120310385

**3. State, Foreign Country or Place of Organization** (only if formed outside of California)

DELAWARE

**4. Business Addresses**

a. Street Address of Principal Office - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
4 Embarcadero Center, Suite 3300	San Francisco	CA	94111
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
4 Embarcadero Center, Suite 3300	San Francisco	CA	94111
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	

**5. Manager(s) or Member(s)**

If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one name **and** address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A ([see instructions](#)).

a. First Name, if an individual - Do not complete Item 5b	Middle Name	Last Name	Suffix
Daniel	S.	Weaver	
b. Entity Name - Do not complete Item 5a			
c. Address	City (no abbreviations)	State	Zip Code
4 Embarcadero Center, Suite 3300	San Francisco	CA	94111

**6. Service of Process** (Must provide either Individual **OR** Corporation.)

**INDIVIDUAL** – Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is <b>not</b> a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>	City (no abbreviations)	State	Zip Code
		CA	

**CORPORATION** – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b

C T CORPORATION SYSTEM (C0168406)

**7. Type of Business**

a. Describe the type of business or services of the Limited Liability Company

Real Estate

**8. Chief Executive Officer, if elected or appointed**

a. First Name	Middle Name	Last Name	Suffix
b. Address	City (no abbreviations)	State	Zip Code

**9. The Information contained herein, including any attachments, is true and correct.**

11/24/2021

Date

Dareth Jeffers

Type or Print Name of Person Completing the Form

Power of Attorney

Title

Signature

**Return Address (Optional)** (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. [SEE INSTRUCTIONS](#) BEFORE COMPLETING.)

Name: [ ]

Company:

Address:

City/State/Zip: [ ]



**Attachment to  
Statement of Information  
(Limited Liability Company)**

**LLC-12A  
Attachment**

21-G19447

**A. Limited Liability Company Name**

STOCKBRIDGE SOUTH BAY QUAY, LLC

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**B. 12-Digit Secretary of State File Number**

202120310385

**C. State or Place of Organization** (only if formed outside of California)

DELAWARE

**D. List of Additional Manager(s) or Member(s)** - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

First Name Mark	Middle Name D.	Last Name Carlson	Suffix
Entity Name			
Address 4 Embarcadero Center, Suite 3300	City (no abbreviations) San Francisco	State CA	Zip Code 94111
First Name Sol	Middle Name	Last Name Raso	Suffix
Entity Name			
Address 4 Embarcadero Center, Suite 3300	City (no abbreviations) San Francisco	State CA	Zip Code 94111
First Name David	Middle Name	Last Name Nix	Suffix
Entity Name			
Address 4 Embarcadero Center, Suite 3300	City (no abbreviations) San Francisco	State CA	Zip Code 94111
First Name Douglas	Middle Name D.	Last Name Sturiale	Suffix
Entity Name			
Address 4 Embarcadero Center, Suite 3300	City (no abbreviations) San Francisco	State CA	Zip Code 94111
First Name Elizabeth	Middle Name	Last Name Kirley	Suffix
Entity Name			
Address 4 Embarcadero Center, Suite 3300	City (no abbreviations) San Francisco	State CA	Zip Code 94111
First Name Breanna	Middle Name	Last Name Staggs	Suffix
Entity Name			
Address 4 Embarcadero Center, Suite 3300	City (no abbreviations) San Francisco	State CA	Zip Code 94111
First Name	Middle Name	Last Name	Suffix
Entity Name Stockbridge South Bay Portfolio, LLC			
Address 4 Embarcadero Center, Suite 3300	City (no abbreviations) San Francisco	State CA	Zip Code 94111