

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000009082

**Entity Name:** VALENCIA PARK GP LLC

**Current Principal Place of Business:**

401 WILSHIRE BLVD.  
SUITE 1070  
SANTA MONICA, CA 90401

**Current Mailing Address:**

401 WILSHIRE BLVD.  
SUITE 1070  
SANTA MONICA, CA 90401 US

**FEI Number:** 84-3088017

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           BRONFMAN, JEREMY S.  
Address       401 WILSHIRE BLVD.  
                  SUITE 1070  
City-State-Zip: SANTA MONICA CA 90401

Title           MEMBER  
Name           SJB MANAGEMENT LLC  
Address       401 WILSHIRE BLVD.  
                  SUITE 1070  
City-State-Zip: SANTA MONICA CA 90401

Title           MEMBER  
Name           ENB FAMILY LLC  
Address       401 WILSHIRE BLVD.  
                  SUITE 1070  
City-State-Zip: SANTA MONICA CA 90401

Title           MEMBER  
Name           MATTHEW BRONFMAN FAMILY EMBT  
Address       401 WILSHIRE BLVD.  
                  SUITE 1070  
City-State-Zip: SANTA MONICA CA 90401

Title           MEMBER  
Name           RED ROCKS 90 LLC  
Address       401 WILSHIRE BLVD.  
                  SUITE 1070  
City-State-Zip: SANTA MONICA CA 90401

Title           AUTHORIZED PERSON  
Name           JAMAR, HANNA  
Address       401 WILSHIRE BLVD.  
                  SUITE 1070  
City-State-Zip: SANTA MONICA CA 90401

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HANNA JAMAR

**AUTHORIZED PERSON**

**02/21/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date