

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000003930

Entity Name: BRE THRONE EAST PORT PLAZA LLC

Current Principal Place of Business:

450 LEXINGTON AVENUE
13TH FLOOR
NEW YORK, NY 10017

FILED
Apr 27, 2017
Secretary of State
CC5626357857

Current Mailing Address:

450 LEXINGTON AVENUE
13TH FLOOR
NEW YORK, NY 10017 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 PRESIDENT/CEO
Name TAYLOR, JAMES M.
Address 450 LEXINGTON AVENUE
 13TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title EVP/CFO/TREASURER
Name AMAN, ANGELA
Address 450 LEXINGTON AVENUE
 13TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title EVP/MANAGER/SECRETARY
Name SIEGEL, STEVEN
Address 450 LEXINGTON AVENUE
 13TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title EVP
Name HORGAN, MARK
Address 450 LEXINGTON AVENUE
 13TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title EVP
Name MOSS, MICHAEL
Address 450 LEXINGTON AVENUE
 13TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title EVP
Name SINGH, CAROLYN
Address 450 LEXINGTON AVENUE
 13TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title EVP
Name LITZLER, THOMAS
Address 450 LEXINGTON AVENUE
 13TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title EVP
Name RODENSTEIN, BARRY
Address 450 LEXINGTON AVENUE
 13TH FLOOR
City-State-Zip: NEW YORK NY 10017

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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: STEVEN SIEGEL

AUTHORIZED PERSON

04/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title EVP
Name VENDER, DAVID
Address 450 LEXINGTON AVENUE
13TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title SVP
Name BUCHAKJIAN, HAIG
Address 450 LEXINGTON AVENUE
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City-State-Zip: NEW YORK NY 10017

Title SVP
Name KAUFMAN, STEVEN
Address 450 LEXINGTON AVENUE
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Title SVP
Name STEIN, HELANE
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Title SVP
Name GUHEEN, RYAN
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Title SVP
Name WHITE, JASON
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Title SVP
Name GALLAGHER, STEVEN
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Title EVP
Name WOOD, MICHAEL
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Title EVP
Name BERGER, MATTHEW
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Title SVP
Name GERSTENHABER, DAVID
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Title SVP
Name SLATER, STACY
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Name MOORE, KRISTEN
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Title SVP
Name CREEKMORE, TONYA
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Title SVP
Name PIPPIS, JAMES
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Name BENNISON, PATRICK
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