

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000004918

Entity Name: BRE SOUTH POOLED OFFICE OWNER LLC**Current Principal Place of Business:**222 S RIVERSIDE PLAZA
SUITE 2000
CHICAGO, IL 60606**Current Mailing Address:**C/O ANN SCHNEIDER
222 S. RIVERSIDE PLAZA, SUITE 2000
CHICAGO, IL 60606 US**FEI Number:** 47-4529900**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	MGRM
Name	BRE IMAGINATION POOLED OFFICE LLC
Address	222 S RIVERSIDE PLAZA SUITE 2000
City-State-Zip:	CHICAGO IL 60606

Title	PRESIDENT/CEO
Name	PICARD, LISA
Address	222 S RIVERSIDE PLAZA SUITE 2000
City-State-Zip:	CHICAGO IL 60606

Title	SVP
Name	BUSSANI, PIERO
Address	222 S RIVERSIDE PLAZA SUITE 2000
City-State-Zip:	CHICAGO IL 60606

Title	SVP - INVESTMENT AND PORTFOLIO MANAGEMENT
Name	KUO, DANNY
Address	4041 MACARTHUR BLVD.
City-State-Zip:	NEWPORT BEACH CA 92660

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: ANN M. SCHNEIDER**ASST. SECRETARY****03/16/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date