

2019 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M17000010821

Entity Name: BROOKFIELD PROPERTIES (R) LLC

Current Principal Place of Business:

350 N. ORLEANS ST., SUITE 300
ATTENTION: LCCS
CHICAGO,, IL 60654

Current Mailing Address:

350 N. ORLEANS ST., SUITE 300
ATTENTION: LCCS
CHICAGO,, IL 60654 US

FEI Number: 36-4880936

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	CEO	Title	EVP, COO, MANAGER
Name	MATHRANI, SANDEEP	Name	CHUPAILA, JARED
Address	350 N. ORLEANS ST., SUITE 300 ATTENTION: LCCS	Address	350 N. ORLEANS ST., SUITE 300 ATTENTION: LCCS
City-State-Zip:	CHICAGO, IL 60654	City-State-Zip:	CHICAGO, IL 60654
Title	EVP, FINANCE AND ADMINISTRATION	Title	EVP, GC, SECRETARY, MANAGER
Name	BERRY, KEVIN J	Name	HERRON, STACIE L
Address	350 N. ORLEANS ST., SUITE 300 ATTENTION: LCCS	Address	350 N. ORLEANS ST., SUITE 300 ATTENTION: LCCS
City-State-Zip:	CHICAGO, IL 60654	City-State-Zip:	CHICAGO, IL 60654
Title	EVP, LEASING	Title	EVP, ASSET MANAGEMENT
Name	BENSON, TROY	Name	MCCARTHY, BRIAN S
Address	350 N. ORLEANS ST., SUITE 300 ATTENTION: LCCS	Address	350 N. ORLEANS ST., SUITE 300 ATTENTION: LCCS
City-State-Zip:	CHICAGO, IL 60654	City-State-Zip:	CHICAGO, IL 60654
Title	SVP, CFO, TREASURER, MANAGER	Title	SVP, CAPITAL MARKETS
Name	MARSZEWSKI, TARA L	Name	ALDRIDGE, JEFFREY P
Address	350 N. ORLEANS ST., SUITE 300 ATTENTION: LCCS	Address	350 N. ORLEANS ST., SUITE 300 ATTENTION: LCCS
City-State-Zip:	CHICAGO, IL 60654	City-State-Zip:	CHICAGO, IL 60654

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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: JACK R. KANTER

**AUTHORIZED
SIGNATORY**

04/20/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title SVP, TAX
Name COURTIS, KATHLEEN M
Address 350 N. ORLEANS ST., SUITE 300
ATTENTION: LCCS
City-State-Zip: CHICAGO, IL 60654

Title ASST. SECRETARY
Name KANTER, JACK R
Address 350 N. ORLEANS ST., SUITE 300
ATTENTION: LCCS
City-State-Zip: CHICAGO, IL 60654

Title ASST. SECRETARY
Name NEWMAN, KENDRA D
Address 350 N. ORLEANS ST., SUITE 300
ATTENTION: LCCS
City-State-Zip: CHICAGO, IL 60654

Title SVP, HUMAN RESOURCES
Name RUGEBREGT, KATHY
Address 350 N. ORLEANS ST., SUITE 300
ATTENTION: LCCS
City-State-Zip: CHICAGO, IL 60654

Title ASST. SECRETARY
Name LYNCH, GREGORY R
Address 350 N. ORLEANS ST., SUITE 300
ATTENTION: LCCS
City-State-Zip: CHICAGO, IL 60654

Title ASST. SECRETARY
Name PATE, KRISTEN N
Address 350 N. ORLEANS ST., SUITE 300
ATTENTION: LCCS
City-State-Zip: CHICAGO, IL 60654