2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000005322

Entity Name: BREIT VISTA CENTER OWNER LLC

Current Principal Place of Business:

10920 VIA FRONTERA STE 220 SAN DIEGO, CA 92127

Current Mailing Address:

10920 VIA FRONTERA STE 220 SAN DIEGO, CA 92127 US

FEI Number: 83-3793887 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

Authorized Person(s) Detail:

Title SOLE MEMBER Title SENIOR MANAGING DIRECTOR, VP

Name BREIT VISTA CENTER PARENT LLC Name GRAY, JONATHAN D

Address 10920 VIA FRONTERA STE 220 Address 345 PARK AVE

City-State-Zip: SAN DIEGO CA 92127 City-State-Zip: NEW YORK NY 10154

Title SENIOR MANAGING DIRECTOR, VP Title SENIOR MANAGING DIRECTOR, VP

Name AGARWAL, A.J. Name CAPLAN, KENNETH A

Address 345 PARK AVE Address 345 PARK AVE

City-State-Zip: NEW YORK NY 10154 City-State-Zip: NEW YORK NY 10154

Title SENIOR MANAGING DIRECTOR, VP Title SENIOR MANAGING DIRECTOR, VP

Name COHEN, FRANK Name CUTAIA, GIOVANNI

Address 345 PARK AVE Address 345 PARK AVE

City-State-Zip: NEW YORK NY 10154 City-State-Zip: NEW YORK NY 10154

Title S Title AUTHORIZED SIGNATORY

Name HARPER, ROBERT Name PETHERBRIDGE, LUKE

Address 345 PARK AVE Address 10920 VIA FRONTERA STE 220

City-State-Zip: NEW YORK NY 10154 City-State-Zip: SAN DIEGO CA 92127

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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: LINDA MADWAY SVP 04/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 09, 2019

Secretary of State

4256150265CC

Date

Authorized Person(s) Detail Continued:

Title AUTHORIZED SIGNATORY

Name NAKAGAWA, JIM

Address 10920 VIA FRONTERA STE 220

City-State-Zip: SAN DIEGO CA 92127

Title AUTHORIZED SIGNATORY

Name KESSINGER, KEVIN

Address 10920 VIA FRONTERA STE 220

City-State-Zip: SAN DIEGO CA 92127

Title AUTHORIZED SIGNATORY

Name HUTZEL, STEPHEN

Address 233 S. WACKER DRIVE

SUITE 3400

City-State-Zip: CHICAGO IL 60606

Title AUTHORIZED SIGNATORY

Name DONLEY, BRIAN

Address 233 S. WACKER DRIVE

SUITE 3400

City-State-Zip: CHICAGO IL 60606

Title AUTHORIZED SIGNATORY

Name DIETERLE, DAVID

Address 10920 VIA FRONTERA STE 220

City-State-Zip: SAN DIEGO CA 92127

Title AUTHORIZED SIGNATORY

Name MADWAY, LINDA

Address 10920 VIA FRONTERA STE 220

City-State-Zip: SAN DIEGO CA 92127

Title AUTHORIZED SIGNATORY

Name DYKSTRA, CHRIS

Address 10920 VIA FRONTERA STE 220

City-State-Zip: SAN DIEGO CA 92127