



State of California Secretary of State

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STATEMENT OF INFORMATION (Limited Liability Company)

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5/15

Filing Fee \$20.00. If this is an amendment, see instructions.

FILED Secretary of State State of California JUL 22 2015

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME

8517 Franklin, LLC

21/20/PC
This Space For Filing Use Only

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER

201425510241

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)

No Change Statement

- 4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no Statement of Information has been previously filed, this form must be completed in its entirety.
If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

Table with 4 columns: Item Number, Address, City, State, ZIP Code. Rows include Principal Office, Mailing Address, and California Office.

Name and Complete Address of the Chief Executive Officer, If Any

Table with 5 columns: Item Number, Name, Address, City, State, ZIP Code.

Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

Table with 5 columns: Item Number, Name, Address, City, State, ZIP Code. Includes Clare W. Bronfman.

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

Table with 4 columns: Item Number, Name of Agent, Street Address, City, State, ZIP Code. Includes Barbara J. Gottlieb.

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY
Real Estate

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

DATE TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM TITLE SIGNATURE