LLC-12

Secretary of State
Statement of Information
(Limited Liability Company)

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17-748383

FILED
Secretary of State
State of California
MAY 11 2017

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1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)
   VIC C16, LLC

2. 12-Digit Secretary of State File Number
   201533710293

3. State, Foreign Country or Place of Organization (only if formed outside of California)
   DELAWARE

4. Business Addresses
   a. Street Address of Principal Office - Do not list a P.O. Box
      600 CALIFORNIA ST 20TH FLOOR
      City (no abbreviations)
      SAN FRANCISCO
      State
      CA
      Zip Code
      94108
   b. Mailing Address of LLC, if different than item 4a
      City (no abbreviations)
      State
      Zip Code
   c. Street Address of California Office, if item 4a is not in California - Do not list a P.O. Box
      City (no abbreviations)
      State
      CA
      Zip Code

5. Manager(s) or Member(s)
   If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete items 5a and 5c (leave item 5b blank). If the manager/member is an entity, complete items 5b and 5c (leave item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).
   a. First Name, if an individual - Do not complete item 5b
      Middle Name
      Last Name
      Suffix
   b. Entity Name - Do not complete item 5b
      VIC STRATEGIC MULTIFAMILY PARTNERS B, L.P.
   c. Address
      600 CALIFORNIA ST 20TH FLOOR
      City (no abbreviations)
      SAN FRANCISCO
      State
      CA
      Zip Code
      94108

6. Service of Process (Must provide either Individual OR Corporation.)
   INDIVIDUAL - Complete items 6a and 6b only. Must include agent's full name and California street address.
   a. California Agent's First Name (if agent is not a corporation)
      Middle Name
      Last Name
      Suffix
   b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box
      City (no abbreviations)
      State
      CA
      Zip Code
   CORPORATION - Complete item 6c only. Only include the name of the registered agent Corporation.
   c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete item 6a or 6b
      C T CORPORATION SYSTEM
      (C0168406)

7. Type of Business
   REAL ESTATE INVESTMENT

8. Chief Executive Officer, if elected or appointed
   a. First Name
      Middle Name
      Last Name
      Suffix
   b. Address
      City (no abbreviations)
      State
      Zip Code

9. The Information contained herein, including any attachments, is true and correct.

5/10/2017
DIANA SMITH
AUTHORIZED SIGNATORY

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name:
DIANA SMITH
Company:
LUBIN OLSON & NIEWSIADOMSKI LLP
Address:
600 MONTGOMERY STREET, 14TH FLOOR
City/State/Zip:
SAN FRANCISCO, CA 94111

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