2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan	MENT # L9900 I HOUSE, LLC	0009126				FILED			1414" AF
C/O FLYNN I	ce of Business INVESTMENTS L STREET SUITE 300 SCO CA 94133	Mailing Address C/O FLYNN INVESTMENTS 1717 POWELL STREET., SUITE 300 SAN FRANCISCO CA 94133			OI SE TAL	OI JAN 29 PM 2: 19 SECRETARY OF STATE TABLAHASSEE, FLORIDA			
2. Principal F	Place of Business	3. Mailing Address				(1991) BILL CONTROL OF STATE O	(81(f) 88(f)8 1818) f1811		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI N	94-3349178	N	pplied For ot Applicable	1
Zip Country		Zip				5. Certificate of Status Desired Specificate of Status Desired Fee Required			
	6. Name and Address of Current	Registered Agent		Name	7. Name	7. Name and Address of New Registered Agent			
BRUNS, ALBERT 104 CHELSEY LANE				'	ess (P.O. Box N	umber is Not Acceptable)			
SEAGRO\	VE BEACH FL 32459			City,			FL Zip Coo	ie	1
SIGNATURE	e named entity submits this statement for Signature, typed or printed name of registered agent a	nd title if applicable. (NÖTI	E: Registere	Agent signature re-	quired when reinstati		īΕ		
9.	MANAGING MEMBE	BS/MEMBERS	10.	1		ADDITIONS/CHAN	GES		-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DRESSEL, CHRIS J 1717 POWELL STREET, SUITE 30 SAN FRANSISCO CA 94133	☐ Delete	TITLE NAM STRE	1 1		ADDITIONS/GIAN	☐ Change	Addition	E083 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPDEVIELLE, SCOTT G 1717 POWELL STREET, SUITE 300 SAN FRANSISCO CA 94133			 		☐ Change 5 475 5 01101- 00 ****	☐ Addition 3 — — 7 -011 *50.00	CR2	
NAME STREET ADDRESS CITY-ST-ZIP	The second se	Delete	- 1				☐ Change	Addition	
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NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1 1	,		☐ Change	☐ Addition	
indicated limited lia	certify that the information supplied with on this report is true and accurate and to billity company or the receiver or trustee	hat my signature shall have t	the same	legal effect as	if made under napter 608, Flo	oath; that I am a managing me rida Statutes.	certify that the I mber or manage	nformation er of the	
SIGNAT	UKE:			· !		D-4-			1