

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90269 045 ****50.00

0077888

DOCUMENT # M01000000233

1. Entity Name
SLP HOUSING II LLC



Principal Place of Business C/O SUNAMERICA INC. 1 SUNAMERICA CENTER, CENTURY CENTER LOS ANGELES CA 90067-6022	Mailing Address C/O SUNAMERICA INC. 1 SUNAMERICA CENTER, CENTURY CENTER LOS ANGELES CA 90067-6022
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2. Principal Place of Business 1 SUNAMERICA CENTER Suite, Apt. #, etc. 37th floor	3. Mailing Address 1 SUNAMERICA CENTER Suite, Apt. #, etc. 37th floor
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CHECK HERE IF MAKING CHANGES

City & State Los Angeles, CA	City & State Los Angeles, CA	4. FEI Number 88-0406388	Applied For <input type="checkbox"/> Not Applicable
Zip 90067	Country USA	Zip 90067	Country USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE P NAME BELARDI, JAMES R STREET ADDRESS 1 SUNAMERICA CENTER CITY-ST-ZIP LOS ANGELES CA 90067-6022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME GAMBIN, MARC H STREET ADDRESS 1 SUNAMERICA CENTER CITY-ST-ZIP LOS ANGELES CA 90067-6022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME NIXON, CHRISTINE A STREET ADDRESS 1 SUNAMERICA CENTER CITY-ST-ZIP LOS ANGELES CA 90067-6022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME PUZON, VIRGINIA N STREET ADDRESS 1 SUNAMERICA CENTER CITY-ST-ZIP LOS ANGELES CA 90067-6022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE REQUIRED

[Signature] (310) 772-6000
Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CP2E083 (10/02)