2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 21, 2005 8:00 am
Secretary of State
04-21-2005 90029 005 ****50.00

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02072005 Chg-LLC CR2E083 (10/03)

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1. Entity Name
SCI CARIBBEAN ISLE FUND 2, LLC

Principal Place of Business	Mailing Address
701 EAST BYRD STREET, 15TH FLOOR RICHMOND, VA 23219	701 EAST BYRD STREET, 15TH FLOOR RICHMOND, VA 23219

2. Principal Place of Business	3. Mailing Address
11620 Wilshire Boulevard	
Suite, Apt. #, etc.: 300	Suite, Apt. #, etc.
City & State: Los Angeles, CA	City & State
Zip: 90025 Country: USA	Zip Country

4. FEI Number — Applied For / X Not Applicable

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 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	☐ Change ☐ Addition
NAME	DUNN, LINDA E	NAME	
STREET ADDRESS	690 MANZANITA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CORTE MADERA, CA 94925 ☐ Delete	CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Linda E Dunn 3/31/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #