


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90154 043 ****50.00

DOCUMENT # M04000002987

1. Entity Name
SCI UNIVERSITY MARKETPLACE FUND 8, LLC



Principal Place of Business
**11620 WILLSHIRE BLVD
 SUITE 300
 LOS ANGELES, CA 90025**

Mailing Address
**701 EAST BYRD STREET, 15TH FLOOR
 RICHMOND, VA 23219**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01122006 Chg-LLC CR2E083 (11/05)

City & State

Zip Country

4. FEI Number
NOT APPLICABLE

Applied For
 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.

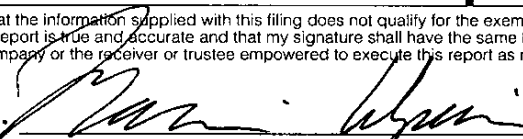
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE ALPERIN FAMILY TRUST AGREEMENT DATED 6501 MARYLAND DRIVE LOS ANGELES, CA 90048 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6501 Maryland Avenue Drive
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
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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 exemptions contained in Chapter 119, 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:  **1/17/06** **328-931-7172**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT



20003682
#m04000002987

HIRSCHLER FLEISCHER

A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

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Fredericksburg, VA 22401-5720
Telephone: 540-372-3515
Fax: 540-372-3941

www.hf-law.com

January 24, 2006

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

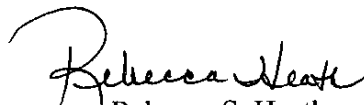
Re: SCI University Marketplace Fund 8, LLC

Dear Sir or Madam:

Enclosed is the 2006 Limited Liability Company Annual Report for the referenced limited liability company, and a check in the amount of \$50.00 in payment of the required filing fee. Please process the filing at your earliest convenience.

If you have any questions, please call me.

Sincerely,


Rebecca S. Heath
Paralegal

Enclosures

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