2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L01000012265

1. Entity Name
EUGENIA, LLC

FILED
Jul 25, 2003 8:00 am
Secretary of State
07-25-2003 90066 002 ****50.00

Principal Place of Business	Mailing Address
200 FRANK H. OGAWA PLAZA	200 FRANK H. OGAWA PLAZA
6TH FLOOR	6TH FLOOR
OAKLAND CA 94612	OAKLAND CA 94612

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

☐ CHECK HERE IF MAKING CHANGES

Zip	Country

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	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY	Name
1201 HAYS STREET	Street Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32301-2525	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

$0.00

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE ☐ Delete NAME WHALEN, KATHARINE C STREET ADDRESS 235 MONTGOMERY ST., STE. 3000 CITY-ST-ZIP SAN FRANCISCO CA 94104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME WHALEN, DANIEL A STREET ADDRESS 235 MONTGOMERY ST., STE. 3000 CITY-ST-ZIP SAN FRANCISCO CA 94104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (4/03)

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: _Daniel A. Whalen_   July 19 2003   510 635 8690

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