

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000003987

**FILED**  
**Feb 06, 2007**  
**Secretary of State**

**Entity Name:** SCI FUND POLOS SOUTH, LLC

**Current Principal Place of Business:**

11620 WILSHIRE BOULEVARD, SUITE 300  
LOS ANGELES, CA 90025

**New Principal Place of Business:**

**Current Mailing Address:**

11620 WILSHIRE BOULEVARD, SUITE 300  
LOS ANGELES, CA 90025

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: DINA BAILEY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROBERT A. ROBOTTI LI, VING TRUST 9/1 6 /04  
Address: 2262 CAYNONBACK ROAD  
City-St-Zip: BRENTWOOD, CA 90049

Title: MGRM ( ) Delete  
Name: POLO SSA, LLC,  
Address: 11620 WILSHIRE BLVD., SUITE 300  
City-St-Zip: LOS ANGELES, CA 90025

Title: MGRM ( ) Delete  
Name: MARC & RENEE PAUL FA, MILY LTD. PART N ERSHIP  
Address: 9661 WENDOVER DRIVE  
City-St-Zip: BEVERLY HILLS, CA

Title: MGRM ( ) Delete  
Name: J.C.J.P. LLC,  
Address: 3441 MOORE STREET  
City-St-Zip: LOS ANGELES, CA 90066

Title: MGRM ( ) Delete  
Name: SCI LOMELI THREE, LL, C  
Address: 15900 NORDHOFF STREET  
City-St-Zip: NORTH HILLS, CA 91343

Title: MGRM ( ) Delete  
Name: VAN TUYLE FAMILY LIV, ING TRUST  
Address: 12303 MILLBANK STREET  
City-St-Zip: STUDIO CITY, CA 91604

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
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City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARC PAUL

MEMB

02/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date