

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003987

FILED
Apr 30, 2009
Secretary of State

Entity Name: SCI FUND POLOS SOUTH, LLC

Current Principal Place of Business:

11620 WILSHIRE BOULEVARD, 10TH FL
LOS ANGELES, CA 90025

New Principal Place of Business:

11620 WILSHIRE BOULEVARD, 10TH FL.
LOS ANGELES, CA 90025

Current Mailing Address:

11620 WILSHIRE BOULEVARD, 10TH FL
LOS ANGELES, CA 90025

New Mailing Address:

11620 WILSHIRE BOULEVARD, 10TH FL.
LOS ANGELES, CA 90025

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

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROBERT A. ROBOTTI LIVING TRUST 9/16/04
Address: 2262 CAYNONBACK ROAD
City-St-Zip: BRENTWOOD, CA 90049

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

Title: MGRM (X) Delete
Name: MARC & RENEE PAUL FAMILY LTD. PARTNERSHIP
Address: 9661 WENDOVER DRIVE
City-St-Zip: BEVERLY HILLS, CA

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

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PAUL, MARC
Address: 11620 WILSHIRE BOULEVARD, 10TH FL.
City-St-Zip: LOS ANGELES, CA 90025

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JANE LOUIS

POA

04/30/2009

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