

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90069 026 ****50.00

DOCUMENT # M00000001407

1. Entity Name

SC MIRAMAR GP, LLC ✓

Principal Place of Business

Mailing Address

~~980 NINTH ST., STE. 750~~
SACRAMENTO CA 95814

~~980 NINTH ST. STE. 750~~
SACRAMENTO CA 95814

2. Principal Place of Business

3. Mailing Address

980 9th Street

980 9th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1800

Suite 1800

City & State

City & State

4. FEI Number

68-0463631

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ~~MGR~~ ☐ Delete
 NAME **DESCAMP, JOHN R**
 STREET ADDRESS ~~980 NINTH ST., STE. 750~~
 CITY-ST-ZIP **SACRAMENTO CA 95814**

TITLE **President** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **980 9th Street, Suite 1800**
 CITY-ST-ZIP

TITLE ~~MGR~~ ☐ Delete
 NAME **GRIMSHAW, STEVEN A**
 STREET ADDRESS ~~980 NINTH ST., STE. 750~~
 CITY-ST-ZIP **SACRAMENTO CA 95814**

TITLE ~~Treasurer~~ ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **980 9th Street, Suite 1800**
 CITY-ST-ZIP

TITLE ~~MGR~~ ☐ Delete
 NAME **LIKARICH, SUZANNE**
 STREET ADDRESS ~~980 NINTH ST., STE. 750~~
 CITY-ST-ZIP **SACRAMENTO CA 95814**

TITLE **Secretary** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **980 9th Street, Suite 1800**
 CITY-ST-ZIP

TITLE ~~MGR~~ ☐ Delete
 NAME **OTTOMAN, LARRY**
 STREET ADDRESS ~~980 NINTH ST., STE. 750~~
 CITY-ST-ZIP **SACRAMENTO CA 95814**

TITLE **Director** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **980 9th Street, Suite 1800**
 CITY-ST-ZIP

TITLE ~~MGR~~ ☐ Delete
 NAME **STATES, JEFFREY W**
 STREET ADDRESS ~~980 NINTH ST., STE. 750~~
 CITY-ST-ZIP **SACRAMENTO CA 95814**

TITLE **Vice President** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **980 9th Street, Suite 1800**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Signature Required: A. Grimshaw 4-11-02 (916) 874-9088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)