

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 170000000 2033

FILED

01 APR -3 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name

MGP VIII, LLC

Principal Place of Business

1938 Fairview Ave. East  
Suite 300  
Seattle, WA 98102

Mailing Address

Dorothy Nelson  
c/o Preston Gates &  
Ellis LLP  
701 Fifth Ave., Suite 5000  
Seattle, WA 98104-7078

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

91-2076951

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT 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)

300003992813 <sup>DATE</sup> 04/11/01 01110 007

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to: Department of State**

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  Delete  
NAME Member  
STREET ADDRESS Merrill Gardens L.L.C.  
CITY-ST-ZIP 1938 Fairview Ave. East  
Seattle, WA 98102

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

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TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

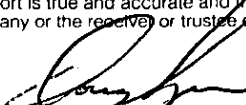
TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:



Douglas D. Spear, authorized rep.

(206) 676-

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

Date 3-13-01

Daytime Phone # 5600

CD02003 1/1/00