## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M03000003543

1. Entity Name AG BUSCHWOOD 8, LLC



FILED Apr 26, 2004 08:00 AM Secretary of State

Principal Place of Business

701 EAST BYRD STREET, 15TH FLOOR RICHMOND, VA 23219

Mailing Address

701 EAST BYRD STREET, 15TH FLOOR RICHMOND, VA 23219



02042004 No Chg-LLC

CR2E083 (10/03)

4.	FEI Number	
	04-3610541	
_		

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6.	Name	and Ad	dress	of Curr	ent Regi	stered	Agent

LEXISNEXIS DOCUMENT SOLUTIONS, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and acce	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable			
	Signature, typed or printed name or registered agent and title if applicable	(NOTE_Registered Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2004		U00000126583 04/26/04~80044-006 <b>50.</b> 00		
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM MALA NANI PROPERTIES, LLC 1644 CRESPO DRIVE LA JOLLA, CA 92037			
TITLE NAME STREET ADDRESS CITY-S1-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP				

11. I hereby certify that the information supplied with this filling 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:

TITLE

STREET ADDRESS CITY-ST-ZIP

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

3 /20/14

858 663-1186

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